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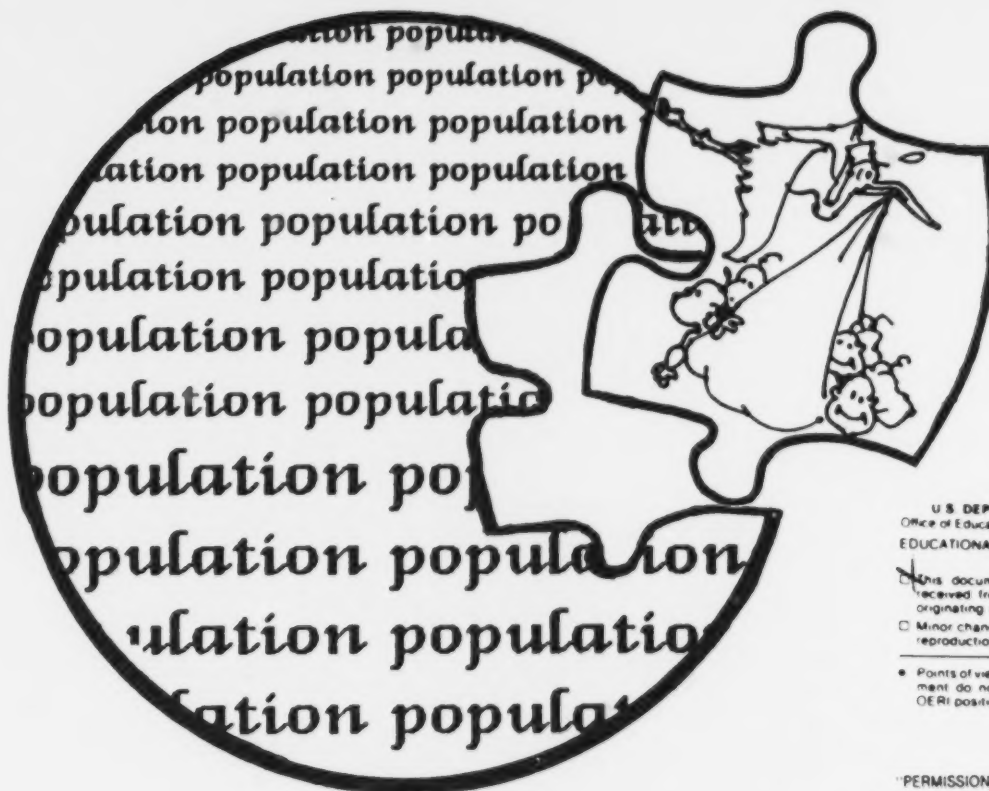
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ABSTRACT

This document contains the information kit developed for the annual Model Summit Conferences for schools in the Victoria, British Columbia (Canada) and surrounding school districts. Materials germane to the conference topic were compiled and assembled for participants. The materials are of current interest, concise, simple and provide a balanced viewpoint on relevant topics. Information was collected from the Greater Victoria Public Library, Macpherson Library of the University of Victoria, Victoria International Development Education Library, and private libraries of individuals. The annotated table of contents outlines the topics covered: (1) "Introductory Articles"; (2) "Survey of Population Policies"; (3) "Contraception and Family Planning"; (4) "Demographics"; (5) "Women"; (6) "AIDS and Population"; and (7) "Immigrants and Refugees." (EH)

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READINGS FOR SENIOR SECONDARY SOCIAL STUDIES

Prepared by the Victoria International Development
Education Association

with the assistance of Employment and Immigration Canada
and the Canadian International Development Agency



Victoria International
Development Education
Association

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VIDEA READINGS IN SOCIAL STUDIES

PREFACE

For several years, VIDEA has hosted annual Model Summit Conferences for participating schools in the Victoria and surrounding school districts. In preparation for each of these conferences, material germane to the conference topic was compiled and assembled as an information kit. Teachers attending the conferences expressed interest in having similar kits of information available for use all year long. They requested information that was of current interest, concise, simple, and providing a balanced viewpoint on topics relevant to the social studies curriculum. Following discussion with twelve social studies teachers, the categories decided upon for the kits were:

- 1) Economics
- 2) Environment
- 3) Food
- 4) Population
- 5) Urbanization

Information was collected from the Greater Victoria Public Library, Macpherson Library - University of Victoria, Victoria International Development Education Library, and private libraries of individuals. Bibliographic citations are given in each kit.

The kits are available from:

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The Victoria International Development Education Association (VIDEA) would like to acknowledge with thanks the contributions of Steve Baileys and Cris Jacoy.

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**INTRODUCTORY
ARTICLES**

Five Billion People –

Triumph or Threat for Our Future?

UNFPA – the United Nations Fund for Population Activities – has set July 11, 1987 as the date for the arrival of the five billionth human being on earth. Of course, the date is just fictitious. Nobody knows exactly how many people are living on the globe. Census figures are inaccurate or sometimes non-existent. We may be far fewer or far more numerous. But one fact is certain: world population is growing at a rate unprecedented in history. Every minute, 150 people are added to the human race – 220 000 every day or 82 million every year. By the turn of the century – which is just 13 years away – we will more than 6 billion people, and estimates are that before the next century is over, world population will pass the 10 billion mark.

UNFPA says with justification that "in all cultures the birth of a child is a cause for jubilation" and that "there are reasons for pride in attaining the five billion". It is indeed no mean achievement which made the survival of so many people on earth possible. Medical progress, the incredible advances in food production, and the rapid technological and industrial development have helped to bring down mortality rates and increase life expectancy in all countries in the world. Even in Africa, where health services are probably worse than in other developing regions, there are now growth rates of 3 per cent and more per year – an indication that more children survive and people live longer than half a century ago.

But is the birthday of "Baby Five Billion" really a reason for triumph? Is it not also – or more so – a threat for those who are already living on earth? Can we allow the population to continue growing at its present pace? For the old industrial nations, this question has long been answered. Their populations are no longer growing but, on the contrary, contracting as in the case of the two Germanies. In Asia, too, more and more people have taken to family planning with the result that growth rates are falling in most countries. But as population experts are pointing out, even if people would change their attitudes today and would start reducing their fertility levels, world population would continue to grow. In populations in which more than 50 per cent are under the age of 20, the future mothers have already been born who will give birth to the next few billions of people. We have to live up to the prospect that there is nothing apart from a major catastrophe which can hold down human numbers to manageable proportions.

Needless to say that nobody would want this catastrophe to happen. We, therefore, have to prepare ourselves now for the inevitable development that population figures will once again double before they are expected to find a new equilibrium. This means first and foremost that we have to do everything to preserve our life support systems for future generations. Protection of the environment, prudent management of water resources, conservation of soils, and the fight against all forms of chemical pollution must receive priority. Sustainable methods of agriculture which increase production while maintaining soil fertility must be given every possible support. Energy must be made available to the rural poor so that they do not burn up the last remaining forests in search of firewood. Development must be spread more evenly in the countries of the Third World so that the billions that are due to be born will not have to live in the subhuman conditions of the growing megapoles of Africa, Asia, and Latin America.

With a determined effort we can make our Mother Earth a decent home for many more billions. We can still turn population growth into a triumph for mankind.

Dieter Brauer

DEVELOPMENT & CO-OPERATION #4 1987

A Billion More People per Decade?

Global population during the late 1980s may be growing faster than previously expected—a trend with important demographic implications for the future.

The latest *World Population Data Sheet*, published this month, shows that PRB's population estimates for 1988 are diverging somewhat from the level expected in the "medium" series projection of the United Nations Population Division, the most often-cited series.

Thus far, these divergences are small. But they presage greater discrepancies and, if the divergences continue in the coming years, they could, by the early 21st century, result in global numbers billions greater than previously expected.

The Data Sheet, prepared by PRB demographers Carl Haub and Mary M. Kent, shows a mid-1988 global total of 5,128,000,000 people. This approaches the 1988 world total of 5,144,000,000 from the high variant projection series—based on the highest assumptions of fertility—of the UN's most recently published projection series (those for 1984).

The differences in these absolute numbers mean far less than the actual progress of rates, in particular the total fertility rate (TFR), or average number of children per woman. TFR decline has been slower in India than had been anticipated earlier in the decade. And China's birth rate rose unexpectedly in 1986 and stayed up in 1987. Their large populations have kept the world's growth rate at about 1.7 percent rather than 1.6 as projected.

So far all the Data Sheet figures can suggest is something we should have known all along. As time passes, many countries will follow the demographic path set out for them, but some, perhaps many, will not. To date, the data reflect that, worldwide, fertility is not declining as quickly as projected and that world demographic trends are showing a tendency to conform more to the U.N.'s "high" series projections.

PRB's Data Sheet incorporates information on recent fertility and mortality trends as it becomes available. And what is happening is that fertility levels

in some countries are not declining in the tidy, smoothly curved way many projections supposed they would. In particular, in a number of major less developed countries, fertility has leveled off or actually risen.

This means that close to a billion people per decade could be added to earth's population over the next few decades.

Status Report

Here is where demographic measures stand among the world's nations:

The MDCs (more developed countries), which contain 23 percent of world population, remain almost static. The fertility of the MDCs (defined geographically as being the countries of Europe, North America, Japan, Australia, and New Zealand) remains very low: 0.6 percent rate of natural increase; a TFR of 1.9. While there are some changes in individual countries (fertility is up slightly in West Germany and the USSR, and the same or down in others), the net effect is nil. No surprises here.

Data Sheet Highlights

- World population now stands at 5,128,000,000 as of July 1988
- Humanity is increasing at 1.7 percent a year, basically the same as in the early 1980s. If this rate were to continue unchanged, world population would double by 2022. (It is presently double what it was in 1950.)
- About 1.55 billion people will be born during the next decade, while 0.5 billion people will die, for a net gain of approximately a billion.
- The less developed countries (LDCs) contain 3.9 billion people (77 percent of global population). The more developed countries (MDCs) contain 1.2 billion (23 percent).
- Women around the world are having an average of 3.6 children during their lifetime (total fertility rate).
- Of 142 LDC countries for which information is available, 68 feel that their birth rate is too high.

Several population giants, specifically China, India, and Pakistan, show fertility decline stalled or even reversed. Because its great size overwhelms world statistics, China (whose birth rate has increased since 1985) was primarily responsible for an increase in the world's overall birth rate in recent years. India, the world's second largest country, has probably seen only a slight decline in birth rates. Fertility there is running above the UN estimates, as is the case in Pakistan.

Many African countries show high—in some cases increasing—fertility that is contributing to the stall in world fertility decline. There is little evidence that birth rates are declining in Nigeria, for example, or Ethiopia, not to mention the many smaller high-fertility African countries such as Somalia or Rwanda (the latter sharing with North Yemen the world's highest national TFR, 8.5). Kenya, which still has the highest crude birth rate, shows no documented evidence of falling birth rates. In most of these countries, modern contraception is employed by less than 10 percent of the married women of reproductive age; in many African countries, less than 1 percent use effective family planning.

Numerous LDCs (less developed countries) have, by contrast, managed to lower their growth rates, including some whose fertility decline had previously been thought to have stalled. Many of these tend to be countries making the most economic headway as well. These are the "NICs," or Newly Industrialized Countries (a fashionable if ambiguous term describing a group of LDCs which are rapidly changing into highly urban, industrialized states with rapid economic growth).

Indonesia is the largest country to have registered significant declines in recent years, but Brazil, Mexico, Venezuela, South Korea, Sri Lanka, and Taiwan are other examples. Modern contraceptive use is high in all of these countries, ranging from over 40 percent of currently married women in Mexico to over 62 percent in Taiwan.

POPULATION TODAY MAY 1988

11 July 1987 selected as "Day of the Five Billion"

Projected Population of the 15 Most Populous Countries (in Millions) in 1985 and 2100

1985 ranked by pop. size			2100 ranked by pop. size*		
1	China	1 040	1	China	1 683 (2000)
2	India	765	2	India	1 678 (2010)
3	USSR	277	3	Nigeria	529 (2035)
4	U S A	239	4	Pakistan	395 (2035)
5	Indonesia	162	5	USSR	385 (2020)
6	Brazil	136	6	Indonesia	363 (2010)
7	Japan	121	7	Bangladesh	295 (2025)
8	Bangladesh	101	8	Brazil	292 (2010)
9	Nigeria	100	9	U S A	279 (2020)
10	Pakistan	96	10	Ethiopia	204 (2040)
11	Mexico	79	11	Mexico	197 (2010)
12	Vietnam	62	12	Vietnam	167 (2015)
13	W Germany	61	13	Iran	157 (2020)
14	Italy	57	14	Philippines	137 (2015)
15	U K	56	15	Egypt	132 (2020)

Source: World Populations 1987 RR: Short- and Long-Term Estimates by Age and Sex with Related Demographic Statistics. World Bank (forthcoming)

*Year that country achieves replacement level fertility is given in parenthesis

From The World According to Garp by Richard Gurdon -
Permission: King Features



It's exhausting to think about it, but there are millions of people, and each of us has a plan every day.

Estimated World Population:

As of February 1989 5,180,622,000
Annual growth 89,000,000

Estimated by extrapolation from the mid-1988 population on PRB's World Population Data Sheet.

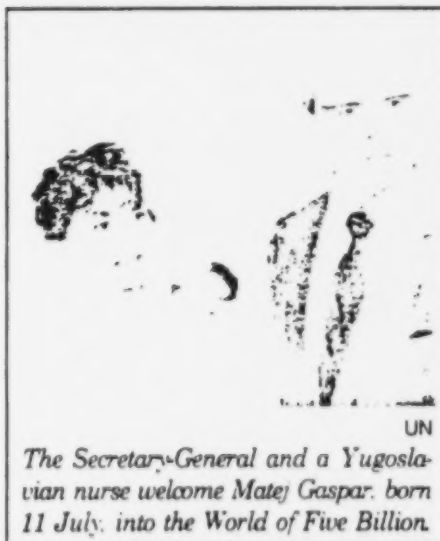
Secretary-General's message on the occasion of the "Day of Five Billion"

ON A DAY this month, the population of the world will exceed 5 billion. This is an occasion to reflect on the likely future of a world increasing at the rate of 80 million people every year.

The prospect of 5 billion people in the world at one time never crossed the minds of our forebears. Few took note when the 2 billion mark was reached in the 1930s. But the total has been growing with increasing speed—3 billion in 1960, 4 billion in 1975 and now 5 billion. It is likely that the population of the world will reach 6 billion by the end of this century and only then will the pace of increase become more gradual.

It is true that fears of an unmanageable "population explosion" have proved to be unfounded. We know more today about the elaborate network which sustains life on earth and, as a result of achievements in the economic and social fields over the past decades, we know that the world can support not only its present population but perhaps twice as many when the increase finally stops a century from now. But when we look at the likely future of the 120

million children who will be born this year, there is cause for concern. Nine out of 10 children are born in developing countries. By definition these are the countries least able to provide adequate



food, shelter, education and health care to the new arrivals before they can become productive adults and contribute to their countries' development.

Developing countries are well aware

of the problem, and are moving to meet it by increasing the facilities which will care for and protect mothers and children and by striving to reduce the rate of population growth. They know, however, that smaller families come about not by the fiat of Governments but by the conscious choice of the millions of men and women about the number and spacing of children.

The decision for a smaller family takes place on a deeply personal level. People must feel within themselves that they should neither have to suffer impoverishment nor pass it on to their children. It is, therefore, part and parcel of the whole process of development and cannot be separated from it. A determined attack on the roots of poverty will create the conditions in which family planning makes sense.

Bringing about slower population growth requires the wholehearted co-operation of the entire international community, in population programmes and programmes of overall development. It is a challenge—but in the end one which must be met, for the sake of the 5 billionth citizen, and for the future of the planet which we all share.

—Javier Pérez de Cuellar,
July 1987

Between Growth and Disaster

The major division in the world is not between East and West, even between the industrialised North and the developing South, claims a new report. It is between the countries which have slowed population growth so that there is a balance between births and deaths, and those where the babies are still booming. The division is crucial, says the Washington-based Worldwatch organisation, because the baby-boomers are being pushed into ecological deterioration, economic decline and political instability, leading to social disintegration.

On this analysis, Western Europe, China, Japan and a handful of other countries are moving slowly but surely into a better dawn, while the other half of the world's population is heading for disaster. The report suggests that rapid population growth will lead to falling living standards and a consequent rise in death rates. Decades of development effort would be rendered bankrupt, "a spectre growing uncomfortably close".

The argument takes as its basis the "theory of demographic transition" which links births and deaths to one of three stages of economic development:

1. Traditional agricultural societies: high birth rates and high death rates, so population grows slowly.
2. Developing countries: death rates fall as public health measures improve and food production expands, but the birth rate remains high, so population grows rapidly.
3. Industrial countries: as economic gains reduce the demand for large families, birth rates fall, and births and deaths again reach equilibrium but at a lower level than in stage one.

Worldwatch suggests, however, that unlike the experience of the industrialised countries of Europe, developing countries may get trapped in the second stage, unable to achieve the economic and social gains that are counted on to reduce births for stage three.

Inexorably, economic stresses begin to generate social stresses: "Ethnic and tribal tensions are exacerbated, and governments become preoccupied with instability. More and more of their time and energy is required merely to stay in power. Dozens of countries in Africa, Latin America, the Middle

East and South Asia are already enmeshed in this demographic trap".

The report says that unless countries act to slow and halt population growth, perhaps on an emergency basis, they face social disintegration. Inevitably, it is argued, death rates start to rise again and society goes back to the equilibrium of the first stage, of high birth rates and high death rates, probably through disease, famine or war: "Such a regression is already evident in Africa, where famine has raised death rates twice since 1970".

Analysing countries which have

achieved sharp reductions in the birth rate - including Cuba and South Korea, Canada and Thailand - the report says the common denominators are a committed leadership and locally designed programmes.

The document is full of questionable statements and dubious assumptions but it is surely right to conclude that "the issue is how - not whether - population growth will eventually be slowed. Will it be humanely, through foresight and leadership, or will living standards deteriorate until death rates begin to rise?" - (Gemini)

DEVELOPMENT & CO-OPERATION #4 1987

TAKE A NUMBER

The 25 Most Populous Countries Ranked by Size, 1985 and Projected for 2000 and 2025

(population in millions)

1985		2000		2025	
Country	Population	Country	Population	Country	Population
1 China	1,059.5	China	1,285.9	China	1,492.6
2 India	769.2	India	1,042.5	India	1,445.6
3 Soviet Union	276.9	Soviet Union	307.7	Soviet Union	351.5
4 United States	239.3	United States	266.2	Nigeria	301.3
5 Indonesia	165.4	Indonesia	205.3	United States	300.8
6 Brazil	135.6	Brazil	179.5	Pakistan	267.1
7 Japan	120.8	Pakistan	162.5	Indonesia	257.8
8 Pakistan	103.2	Nigeria	159.1	Brazil	245.8
9 Bangladesh	101.1	Bangladesh	150.6	Bangladesh	235.0
10 Nigeria	95.2	Japan	129.1	Mexico	150.1
11 Mexico	79.4	Mexico	107.2	Japan	128.6
12 West Germany	61.0	Vietnam	83.0	Iran	122.2
13 Vietnam	60.1	Philippines	77.4	Vietnam	118.0
14 Italy	57.1	Iran	74.5	Ethiopia	112.3
15 United Kingdom	56.6	Egypt	66.7	Philippines	111.4
16 France	55.2	Turkey	66.6	Zaire	99.5
17 Philippines	55.1	Thailand	63.7	Egypt	94.0
18 Thailand	51.6	Ethiopia	61.2	Turkey	89.6
19 Turkey	50.3	West Germany	59.8	Tanzania	84.8
20 Iran	47.6	France	58.2	Thailand	80.9
21 Egypt	47.6	Italy	57.9	Kenya	77.6
22 Ethiopia	42.3	United Kingdom	57.5	Burma	72.6
23 South Korea	41.1	Burma	52.1	South Africa	63.2
24 Spain	38.6	Zaire	49.3	France	60.4
25 Burma	37.5	South Korea	48.0	Sudan	59.6

POPULATION TODAY JANUARY 1989

After reading this article, it becomes apparent that birth and death rates are not the only factors to impact upon population. What other issues should be considered?

The World's Poorest 370 Million People

"Less developed countries" (LDCs) is a broad category, considering that these countries, as defined by the UN, encompass 77 percent of all the people in the world.

Avoiding controversy, the UN defines LDCs by geography — an LDC is a country located anywhere on earth but Europe, North America, the USSR, and Australia-New Zealand. Such a definition takes in a broad spectrum of countries ranging widely in their development and economic status, from booming nations in the developing world that might be termed, in 1980s jargon, newly industrialized countries ("NICs") to those countries in the direst economic condition that the UN puts in the category "least developed."

What least developed countries? According to the UN's Population Division newsletter, there are 41 countries in this category. Their average per-capita gross national product is slightly over \$200 as of 1985. (The wealthiest is Botswana, with \$1,030, the poorest is Ethiopia, with \$120.) They contain a total population of about 370 million, about 8 percent of the world total. The majority are in Africa, and just one (Haiti) is in the Western Hemisphere.

In general, these countries are also those that have not yet begun the demographic transition, the UN points out. "Indeed, the current rate of population growth of the least developed countries is quite similar to that of all developing countries during the later 1960s." Expectation of life is about what it was then, while total fertility is probably higher than it has ever been for all developing countries. In short, of all countries, the least developed ones have also been the ones least affected by the worldwide trends of demographic change.

Over the past 20 to 25 years, the total fertility rate (TFR) has fallen steadily in most of the rest of the less developed countries, from 5.9 lifetime children per woman in 1965-1970 to 4.0 in 1989. During that same period, fertility in the least developed countries

has remained relatively high, at around 6.5.

Mortality conditions have improved in these countries, though they have not had the bump-up in life expectancy experienced by most other LDCs. In 1970-1975, life expectancy at birth averaged 44 years, a figure that rose to 47 years in 1980-1985. By the end of the century, the UN expects this to increase to 53 years.

In the LDCs as a whole, life expectancy was 58 years in 1980-1985, while in the more developed countries, it was 73. Hence the least developed countries are 10 years of life behind the LDCs as a whole, and about 25 years behind the industrialized countries.

Improvements in the least developed countries' infant mortality rates have been made. Nonetheless, most of this group of countries remain in the triple-digit area, i.e., there is at least one infant death for every 10 live births. Infant mortality rates for LDCs as a whole have improved more, averaging under 100 (for probably the first time in history) starting in the 1975-1980 period. Infant mortality for the industrialized world remains relatively low, at 16, due to widespread availability of health care and prenatal care.

Though fertility rates have yet to decline, these countries' perceptions of the growth rate has shown a shift from the time, some 15 years ago, when population growth was more widely regarded as satisfactory by the governments. Now, of the 41 countries, the *Population Newsletter* reports, 22 "view their rate of growth as too high." In addition, 16 of the 22 countries report interventions to lower their rates of growth. The 22 that view their rate of population growth as too high account for nearly two-thirds of the total population of the least developed countries.

Three countries in the group — Bhutan, Equatorial Guinea, and Laos — consider their growth rates too low. The remaining 16 countries find their growth rates to be satisfactory.

Although most governments in this

POPULATION TODAY APRIL 1989

group may want to reduce their countries' population growth, the youthful age structure typical of LDCs may prove an obstacle. In the least developed countries, some 45 percent of the population as of 1985 were children under 15. In addition, the dependency ratio — the ratio of those under 15 and over 60 to those in the working ages in between — has risen over the past three decades, due to continuing high fertility combined with improvements in life expectancy. Whereas this figure stood at 102 in 1950 (102 persons in the dependency group per 100 working-age persons), by 1985 it had risen to 113.

Gaining people— losing ground

EIGHTY-SEVEN MILLION people were added to the world's population last year—the largest per annum increase in recorded history and virtually all of it in the poorest countries of the world. But unless there is a global sense of urgency substantially to reduce human reproduction, the cataclysmic consequences will not be limited to the Third World, says Werner Fornas, president of the Population Institute in a timely new book entitled *Gaining People, Losing Ground*.

He cites many disastrous effects of rapid population growth:

—More than 800 million new jobs must be generated in the next 13 years just to accommodate people already born;

—Timberlands equal in size to 40 Californias will vanish by the end of the century, much of the loss due to the need for fuelwood and grazing land in developing countries;

—A total of 21 developing world cities will have 10 million or more people by the year 2000 compared with only three such cities in 1975. There will also be 46 developing world cities with five million or more people by the end of the century, leading to incredible strains on already overburdened schools, hospitals, sewage and water systems, and all public services;

—Half of the 15 million infants who die each year in the Third World are offspring of mothers who spaced their pregnancies too closely, or were high pregnancy risks because of their age;

—As many as a quarter of the more than 500,000 developing world women who die annually from pregnancy and childbirth complications did not want to become pregnant but lacked the knowledge, access or means to obtain a method of family planning.

Safeguarding the future

"INCREASING human demands are damaging the natural resource base... on which all life depends," says this year's *State of World Population* report, issued by UNFPA. In the poorest areas, says the report, the "scissors effect" of poverty and increasing population is slicing away at their ability to sustain human life.

The report acknowledges that the relationships between population, resources and the environment are complex and still not completely understood. But, it says, "slower growth and more even distribution of population would help to take pressure off agricultural land, energy sources, vital watersheds and forest areas, giving time for governments, the private sector and the international community to evolve strategies for sustainable development."

In today's industrialized countries, industrial development helped to relieve the pressures of rural poverty and population growth—but at a high cost to the environment. Environmental costs of hazardous industrial technologies are mounting, says the report, and there are already fears that the damage may be irreversible.

This puts a dual responsibility on industrialized countries, says the report—to take the lead in introducing new and safer technologies, and to assist developing countries in their search for safer industrial growth. They also have a responsibility to provide continuing assistance to solve population problems as part of the search for sustainable development.

World population, now over 5 billion, will be 6 billion by the end of the cen-

tury, says the report. Nearly all of this growth will be in developing countries, by definition those least capable of absorbing it.

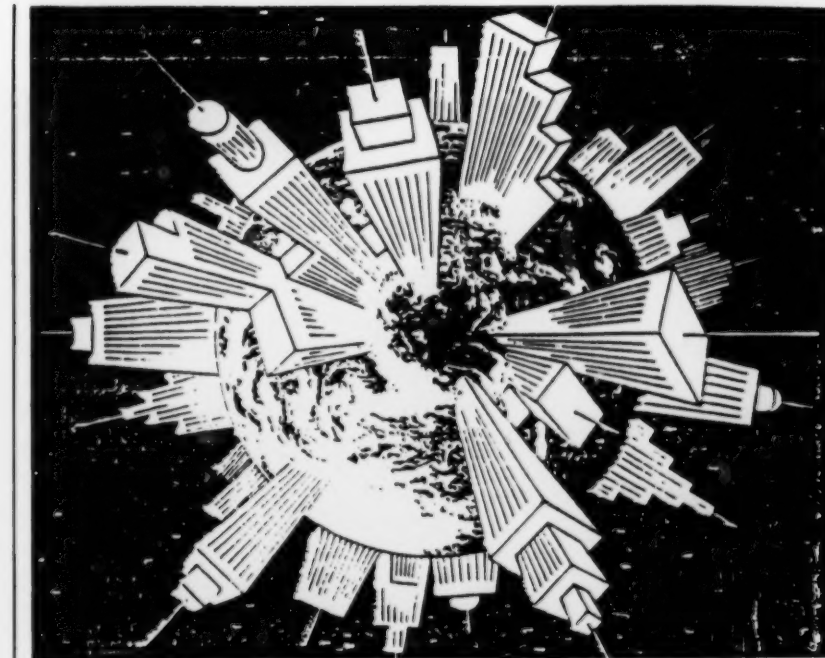
By the end of the century, half the world will be living in urban areas, says the report. One fifth of the urban population will live in "mega-cities" of four million or more. Tens of millions migrate in search of a better life. Usually they go to cities.

The report stresses that family size, migration, and much of the damage to the resources base are the results of individual decisions. But, says the report, those making the decisions have little real choice. They are driven by poverty, or the decisions of others.

The developing countries which have succeeded in slowing population growth are committed to slower growth and are capable of translating commitment into policy. They generally have a narrower gap between the richest and the poorest groups; literacy is higher and infant mortality lower. They pay more attention to rural development and to stemming unplanned urban growth than do countries with higher population growth rates.

Women in these countries are generally better educated, stay longer in school and marry later, says the report. They have fewer children but also lose fewer. They are nearer to the mainstream of economic development.

The report stresses the importance of women both to slower population growth and to rescuing the environment. In addition to child-rearing, providing health care for the family, running the house-



Hector Cantoica

By the end of the century, half the world will be living in urban areas, says this year's State of World Population report from UNFPA.

hold, cooking, and earning cash incomes, women in the developing world have another role, says the report: that of resource manager.

Women provide most of the food, fuel and water for rural households. They also do whatever environmental protection work is needed and possible. Successful policies for sustainable development recognize their dual roles and secure their involvement. They will ensure that "development" does not merely mean additional burdens for women.

Degradation of the natural resource base and the loss of productive land can be

reversed, says the report, but only through increased and more effective co-operation between industrialized and developing countries. This will be particularly important in introducing environmentally safe industrial development, and slowing rapid population growth, particularly the growth of giant cities.

The earth is capable of supporting the increasing needs of the next century, depending on the choices made and the policies adopted, says the report. "As individuals or as nations, there is no escaping our responsibility. We share a common future."

Too Many People?



Photo: Gartung

The Population Explosion Can Be Avoided

Today's 5 billion people will have grown to 6.1 billion by the year 2000, and to 8.3 billion by 2025, according to median estimates. Experts at the United Nations believe that the world population will stabilise at 10.5 billion by the end of the 21st century, reproduction having levelled off in about sixty years. By that time, there will be more Indians than Chinese. Statisticians of the private U.S. Agency for World Population estimate that by the year 2100, Nigeria (at present 105.4 million) will have grown to almost 509 million people. Benin will have a population of 19.8 million (at present 4.2 million), and Rwanda 38.5 million (at present 6.5 million).

In the last decade, the number of life births exceeded the number of deaths by 77 million annually. Within ten years, mankind will increase by 90 million people every year, and 90 percent of this increase will occur in the Third World. Family planning? Sheldon Segal of the Rockefeller Foundation estimates that so far a total of about 100 million children have not been born because of specific family planning - which is only slightly more than the population increase of a single year. Swedish Minister for Health Gertrud Sigurdson surmises that worldwide more than 40 million abortions are performed every year, 60 percent of them illegally. There is no way to prove that these figures are correct. They are purely speculative. Nevertheless, they portray a gruesome reality.

At present, there are 553 million people in Africa. It is expected that this number will triple within the next 40 years. Presently, the annual growth

rate in Africa is 3.08 percent. A three percent annual population growth rate, if it remains constant for 100 years, means that there will be 19 times as many people one hundred years from now, because three percent is three times as much as one percent for one year only.

The Pan-African Parliamentary Conference on Population and Development in Harare (Zimbabwe) in May 1986 concluded that the high population growth rate in Africa is going to have a destructive impact on development policy, because it affects above all the areas of health, education, industrialization, and employment. Si-

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multaneously, the gross national product of Africa overall is declining between 0.1 and 0.5 percent per year. Ghana's Dr. Frederick Sai, population expert at the World Bank, stated that most African governments do not realise that it is "imperative to renounce traditional and until now untouchable value concepts."

In India, it has been possible for ten years to determine the sex of embryos by analysing the amniotic fluid. The "Times of India" reports from Bombay that of 8000 fetuses, which had been aborted after their sex had been determined, only one had been male. In this case, a pregnant Jewish woman desperately wanted a daughter. 99 percent of all abortions in the abortion clinics of Bombay and other Indian cities were performed between the 18th and 20th week of pregnancy after the sex had been determined, and in almost all cases when a girl was expected.

In March, the Human Rights Commission of the United Nations published a study of 39 countries, according to which the majority of women in 23 countries definitely prefers male offspring. It cites the case of one clinic in South Asia, which performed 700 sex tests within 12 months. Of 450 women who discovered that they would give birth to a baby girl, 96 per cent wanted an abortion. Not a single abortion was demanded by the 250 women who expected a son.

Too few people here?

For about twenty years, there has been concern that something has to be done about the "population explosion" in the Third World. At the same time, the Germans, Swiss, and Americans worry that their peoples will "die out" because population growth is stagnant in many industrial nations, and at times even negative, for instance in the Federal Republic of Germany and the German Democratic Republic. Estimates are making the round that of 57 million Germans in 1980, only 38 million will be left fifty years later, a loss of "national substance", with dire consequences for the level of national intelligence, competitive advantage in science and technology, and the security of future pensions.

Too many people elsewhere, not enough here at home. We tell the Indian people that they should stop thinking of a lot of children as a good

old age insurance, although their actual life experiences and interests suggest otherwise. We heap praise upon the Chinese for having contributed significantly to the slow-down of the growth rate of the world population with their rigorous, far-sighted population policy. They did in fact halve their growth rate, and due to their statistical weight (1.008 billion) were responsible for the decline of the annual global growth rate from 2.0 to 1.7% in the meantime, the hardships of a state mandated one-child-per-family policy had to be moderated to a more realistic average of 1.7 children per family by the year 2000 - in response to the international outrage about cases of coercion and brutality in implementing population policy goals.

Vital for recognising and influencing population problems is the answer to the question as to what represents cause and effect. Population growth is not the cause, but the consequence of poverty, the authors of the study "World Population Growth as Challenge for the Churches" concluded, which was published in 1984 by the Protestant Church of Germany. To pursue the poorest and least sex-educated women as a pool for "head premiums" in sterilization campaigns and to embark on "pill safaris" means going the wrong way. Its frightening bends can be studied in India or Bangladesh. It is no solution for population problems, but denies people their human rights.

Wherever the problems of poverty are overcome, population growth can be curtailed and reduced. Of course, there are correlations which the parliamentary conference in Harare also recognised: High population growth makes it more difficult to cope with problems of poverty, which are the root cause of all development problems.

Where basic needs are not satisfied, population growth is high. Experts know that statistically the saving of two lives prevents one birth. The result of a successful fight against infant and child mortality is: The more children survive, the fewer children are born overall - a paradox, but true. Basic needs oriented development policies which reach the poor - who have the highest fertility rate - slows down birth rates. The basis for deliberate family planning has to be a change in attitude on the part of women due to better education and political enhancement of their social status - the prerequisite

for the human right to information and freedom of choice as to number of offspring so unanimously supported by world population conferences.

Mayors from fifty big cities around the globe, who were invited by the UN Fund for Population Activities (UNFPA) to attend a conference in Barcelona in May 1986, told councilmen from Calcutta that the population pressure in their city was not the cause of poverty, but that poverty was the reason for the large number of children in the slums. "It will be of no use at all to tell the poor that they should have fewer children, when death is a daily guest in their midst. But they will start to pay attention when they realise that we are in a position to protect the lives and the health of their children."

Development is the answer

Without raising the standard of living in the slums, without health care for mothers and children, without better nutrition and hygiene, there is no chance to influence population growth. Now and then our politicians thoughtlessly conjure up the frightening possibility of a "population explosion". Consequently, few people see the solution of population policy problems as vital for the future of our planet. These problems appear to be too big and too complex to be easily understood. As long as we accept the usual specious explanations for underdevelopment, phantom solutions for the defusion of population "bombs", "explosions", or "catastrophes" will prove ineffective. Family planning is necessary, but it has promise only if it is the manifestation of the emancipation of the adult population, and not a prescription for and miracle weapon against underdevelopment.

We, the privileged and the rich, are responsible in that now as before we refuse to recognise the interaction between our own lives, our own claims to the scarce resources of this world, and the misery of the majority of all the other people who also live on this earth. Our theory that underdevelopment is caused by population growth is in itself a catastrophe. The resulting practice to send shiploads of pills and condoms to the Third World without a real commitment to discover and understand the living conditions, interests, and cultural framework of the addressees, has turned out to be a failure.

DEVELOPMENT & CO-OPERATION #5 1988

1988 WORLD POPULATION DATA SHEET

Estimated mid-1988 Population, Annual Components of Change, Projected
Population Change 1988-2000, and Annual Infant Deaths
(by Region and for 10 Largest Countries in Population)

Area (country rank in parenthesis)	Population mid-1988	Annual births	Annual deaths	Natural increase	Projected population change, 1988-2000	Infant deaths
WORLD	5,128,139,000	141,415,000	52,190,000	89,225,000	1,049,460,000	10,949,000
MORE DEVELOPED	1,197,529,000	18,062,000	11,140,000	6,923,000	68,838,000	279,000
LESS DEVELOPED	3,930,610,000	123,353,000	41,051,000	82,302,000	980,622,000	10,670,000
LESS DEVELOPED (excluding China)	2,843,610,000	100,482,000	33,442,000	67,041,000	855,622,000	9,657,000
AFRICA	622,531,000	27,605,000	9,284,000	18,322,000	263,815,000	3,033,000
NORTHERN AFRICA	138,409,000	5,393,000	1,484,000	3,909,000	48,877,000	497,000
WESTERN AFRICA	194,117,000	9,026,000	3,435,000	5,592,000	85,118,000	1,127,000
Nigeria (8)	111,904,000	5,170,000	1,925,000	3,245,000	49,026,000	631,000
EASTERN AFRICA	186,095,000	8,997,000	2,868,000	6,130,000	91,595,000	979,000
MIDDLE AFRICA	63,501,000	2,820,000	1,077,000	1,743,000	25,820,000	331,000
SOUTHERN AFRICA	40,409,000	1,368,000	420,000	948,000	12,405,000	98,000
ASIA	2,995,405,000	84,387,000	29,235,000	55,152,000	615,128,000	6,910,000
ASIA (Less China)	1,908,405,000	61,516,000	21,626,000	39,890,000	490,128,000	5,897,000
WESTERN ASIA	123,744,000	4,617,000	1,174,000	3,442,000	45,754,000	410,000
SOUTHERN ASIA	1,136,771,000	40,267,000	15,108,000	25,158,000	311,425,000	4,467,000
Bangladesh (9)	109,471,000	4,740,000	1,817,000	2,923,000	36,329,000	640,000
India (2)	816,828,000	26,629,000	10,292,000	16,337,000	196,452,000	2,769,000
Pakistan (10)	107,467,000	4,643,000	1,558,000	3,084,000	37,799,000	562,000
SOUTHEAST ASIA	432,735,000	13,264,000	4,042,000	9,223,000	109,037,000	959,000
Indonesia (5)	177,427,000	4,861,000	1,774,000	3,087,000	36,266,000	428,000
EAST ASIA	1,302,155,000	26,239,000	8,910,000	17,329,000	148,912,000	1,074,000
China (1)	1,087,000,000	22,870,000	7,609,000	15,261,000	125,000,000	1,013,000
Japan (7)	122,721,000	1,399,000	761,000	638,000	7,299,000	7,000
NORTH AMERICA	272,320,000	4,250,000	2,333,000	1,917,000	24,160,000	42,000
United States (4)	246,104,000	3,864,000	2,141,000	1,723,000	21,851,000	39,000
LATIN AMERICA	429,454,000	12,558,000	3,237,000	9,321,000	107,296,000	719,000
MIDDLE AMERICA	111,372,000	3,573,000	737,000	2,837,000	31,408,000	189,000
CARIBBEAN	32,742,000	846,000	255,000	591,000	5,652,000	51,000
TROPICAL SOUTH AMERICA	237,791,000	7,049,000	1,865,000	5,184,000	62,636,000	445,000
Brazil (6)	144,428,000	4,087,000	1,141,000	2,946,000	35,059,000	258,000
TEMPERATE SOUTH AMERICA	47,549,000	1,089,000	380,000	709,000	7,600,000	34,000
EUROPE	496,765,000	6,419,000	5,125,000	1,294,000	9,730,000	82,000
NORTHERN EUROPE	83,851,000	1,100,000	945,000	156,000	723,000	10,000
WESTERN EUROPE	156,286,000	1,896,000	1,624,000	272,000	491,000	16,000
EASTERN EUROPE	112,813,000	1,697,000	1,286,000	411,000	4,335,000	30,000
SOUTHERN EUROPE	143,815,000	1,726,000	1,270,000	456,000	4,181,000	27,000
USSR (3)	285,917,000	5,690,000	2,773,000	2,916,000	25,083,000	145,000
OCEANIA	25,746,000	507,000	205,000	302,000	4,248,000	18,000

Source: Unpublished printouts used in preparation of the 1988 World Population Data Sheet. Numbers may not add due to independent rounding.

POPULATION TODAY MAY 1988

**SURVEY
OF
POPULATION
POLICIES**

Population Pressures in the Pacific Islands

Prior to European contact, Pacific Island populations were maintained by various means: inter-island migration, wars, social conventions and starvation due to food shortages caused by drought or cyclones. Island populations apparently remained relatively stable, and only experienced growth where food and land availability were sufficient.

After European contact, the demography of the islands changed drastically. Diseases brought in from outside, coupled in some cases with "gunboat" diplomacy, sometimes claimed up to 90 percent of particular island populations. Epidemics of diseases such as smallpox and measles continued to claim lives in the islands up to the twentieth century. Fiji, for example, had an indigenous population of 114,748 in 1881, but by 1921 that figure had fallen to 84,000 as a result of measles, whooping cough and dengue fever.

In the post-Second World War period, Pacific Island populations increased at an accelerated rate. The development of urban environments and the introduction of western foods and medicine led to an increase in birth rates and a corresponding decline in death rates. Since the 1960s, island populations have reached, on average, a growth rate between 2.5 and 3 percent. These rates are high. The world average is only 2 percent, and in developed nations like Canada, the rate is usually less than one percent. What are the implications of these explosive growth rates? Firstly, they mean that some island populations are doubling every 18 to 20 years. Secondly, it means that 50 percent of some island populations are under 18 years of age. Thirdly, because this youth sector is largely unproductive economically, it adds to the enormous burden placed on the inadequate health and education infrastructures of the islands.

At the same time, these effects are offset to a degree by urbanization which brings about changes in fertility rates as families shift into the cash economy and adopt western values which discourage larger families.

While population growth in some regions of the Pacific is low and a few countries do achieve a rate of decline through the implementation of emigration and family planning programs, these programs and their effects are not usually consistent or long term.

Kiribati sustained an average growth rate in the late 1970s of about 3.3 percent and Tonga during the same period had a growth rate of 2.1 percent.

Various programs have been introduced in the islands to cope with the problem of high growth rate. The best example is that of Fiji, where in 1963, a family planning program was brought in and the rate of growth fell from 2.5 percent to 1.7 percent in only a few years. This was considered a great success at the time, but after the original program ceased, the rate rose to 2.3 percent and has remained essentially unchanged since. Still, the original program in Fiji is considered to be a good example of how effective these programs can be.

Pacific Island communities are facing mounting problems in terms of population growth and distribution. Until newer, far-reaching family planning and economic programs are implemented on a region-wide basis, the problems will continue to increase. And these problems will be accentuated if outmigration is cut back due to changing immigration policies in places such as New Zealand.

Pacific Island leaders, as well as regional organizations such as the South Pacific Commission and the South Pacific Forum, are tackling these problems and attempting to come up with solutions particular to the uniqueness of the Pacific Islands.

EXAMPLES OF GROWTH RATES IN ISLAND COUNTRIES

Country	Years	Inc/Decrease in Population	Rate of Inc./Dec.
Nauru	1967-77	1,163	+3.3%
Solomon Islands	1970-76	35,821	+3.4%
Cook Islands	1971-81	-3,500	-3.6%
Niue	1971-81	-1,694	-4.4%
Western Samoa	1971-81	11,503	+1.8%

POPULATION DENSITIES FOR PACIFIC ISLAND COUNTRIES

Country	Population	Land Area (sq km)	Density (#/sq km)	% Urban
American Samoa	35,000	197	178	34
Cook Islands	17,695	240	74	22
Fed. States of Micronesia	94,000	700	134	23
Fiji	663,000	18,272	36	38
French Polynesia	160,000	3,265	49	51
Guam	120,000	540	222	—
Kiribati	59,000	690	87	29
Marshall Islands	30,873	180	171	47
Nauru	8,500	21	405	—
New Caledonia	145,368	19,103	7	53
Niue	3,000	259	11	—
Northern Marianas	20,000	470	43	79
Palau (Belau)	15,000	495	30	62
Papua New Guinea	3,300,000	462,243	7	13
Solomon Islands	258,193	28,530	9	8
Tokelau	1,700	11	154	—
Tonga	98,000	700	140	26
Tuvalu	8,730	26	336	28
Vanuatu	128,000	11,800	11	12
Western Samoa	162,400	2,935	55	20

TOTAL: 5,330,000 **TOTAL URBAN:** 1,154,600

AVERAGE DENSITY (inhabited islands): 108/sq km

CHINA

Part I

Population (mid-1988 est.): 1,087 million
 Land Area: 3,705,390 sq. miles
 Births per 1,000 pop: 24
 Deaths per 1,000 pop: 7
 Rate of natural increase: 1.7 percent
 Total fertility rate: 2.5 children per woman
 Infant mortality rate: 44 per 1,000 live births
 Life expectancy at birth: 66 years
 GNP per capita (1986 est.): \$300
 Capital: Beijing

by Gwenda Brophy

By far the world's most populous country, China's actual population size was for decades a matter of speculation. Since 1982, when both a Census and the national 1-in-1,000 fertility survey were undertaken, the flow of demographic data increased from a trickle to a flood.

China, an ancient civilization, is a predominantly rural, low-income country, extending over immense portions of East Asia. The vast majority (93 percent) of the population are Han Chinese, but the government recognizes 55 minority groups, numbering 67 million persons in 1982. Despite the ethnic homogeneity, socioeconomic and demographic characteristics vary widely among the country's 29 administrative districts and between rural and urban areas. Although the "one child per couple" policy (to be discussed in Part 2) is a national goal, the average births per woman (Total Fertility Rate) ranged from 1.3 to 4.4 children in 1982, reflecting uneven enforcement of the population policy as well as socioeconomic factors. The national TFR has probably never fallen below 2.1.

China enjoyed a rapid decline in mortality from the 1950s, but this downward trend was reversed during the Great Leap Forward in 1958 and the



famine of 1959-61 when the death rate peaked at 25 per 1,000 and infant mortality reached 220-440 deaths per 1,000 births. Today, the Crude Death Rate is around 7 and the Infant Mortality Rate stands at about 44, far lower than would be anticipated given China's low per capita GNP. The leading causes of death for urban children 1 to 4 years of age is becoming similar to the pattern in the U.S. and other industrialized nations.

The widespread availability of primary health care, including "barefoot doctors," is thought by many to have been instrumental in China's mortality decline.

Chinese fertility has also undergone a revolution in the second half of this century. The Great Leap Forward and famine years brought a precipitous drop in fertility; the TFR declined from 6 in 1951 to 3.3 in 1961, the tail end of the famine. In 1961, the combination of the high death rates and the depressed fertility yielded negative population growth in nearly all provinces.

A massive fertility boom followed the famine as pressures delaying marriages eased, spouses were reunited, and couples were able to have the births postponed during hard times. These factors combined to push the

TFR up to 7.5 in 1963. The TFR fell back to about 6 children until the end of the 1960s, then began a rapid descent, reaching 2.1 in 1984.

The cohorts born during these postfamine years are exerting an upward pressure on the birth rate today as they reach their 20s,

which is the age of almost all child-bearing in China. This structural factor partly explains the increase in the TFR beginning in 1986.

Chinese concern about excessive population growth has fluctuated since the 1950s. The first birth control campaigns were initiated in 1956-58 and 1962-66, meeting with only modest success. In 1961, a mere 1 percent of married women aged 15-49 practiced contraception, 16 percent in 1966. In 1971-77, a new campaign advocated later marriage, birth spacing, and fewer children. Marriage age subsequently rose from 19.5 years in 1971 to 23.5 in 1979, but age at first birth lagged behind increases at age at marriage, in part due to prolonged engagements, which partly fostered an increase in premarital pregnancies, leading to a decline in the marriage-to-first-birth interval. This was one of the factors influencing a change of policy unique in both goals and means.

POPULATION TODAY MARCH 1989

CHINA

Part II

Population (mid-1988 est.): 1,087 million
Land Area: 3,705,390 sq. miles
Births per 1,000 pop: 24
Deaths per 1,000 pop: 7
Rate of natural increase: 1.7 percent
Total fertility rate: 2.5 children per woman
Infant mortality rate: 44 deaths per 1,000 live births
Life expectancy: 66 years
GNP per capita (1986 est.) \$300
Capital: Beijing

by Gwenda Brophy

The first installment of this two-part Spotlight focused on China's fertility history and present trends—mostly downward. This installment focuses on the family-planning policy to limit births to one child.

The one-child policy was promulgated in 1979. Couples pledging to have one child could receive monetary bonuses (in some places higher if the child were a girl), preferential treatment for housing, plot and grain allocation, health care, education, and job opportunities, with the precise value of the package varying substantially.

By 1981, 47.3 percent of births were first births, compared to 21 percent in 1970. First-birth percentages by area in 1981 ranged from almost 90 percent in Shanghai to 24 percent in Guizhou. In 1982, 37 percent of eligible couples had accepted the certificate, with provincial rates of acceptance ranging from 10 percent to 75 percent. The "One-Child Certificate Rate" among all married fecund women was 18 percent in 1985.

Couples' renouncement of the one-child pledge varied by province from less than 5 percent to 34 percent; 12.5 percent of holders who had had a girl renounced their pledge, compared to

6.7 percent who had had a boy.

Emphasis has long been placed on improving women's status. A 1950 law sought to prohibit infanticide, concubinage, child betrothal and promoted free and egalitarian marriage. Nevertheless, inequalities persist, and privileges accorded to one-child certificate children, who are more likely to be male, may inadvertently perpetuate inequality. A provision of the 1980 Marriage Law making daughters as well as sons responsible for old age support and the development of handicraft and sideline occupations in rural areas may increase perception of daughters as economic assets.

In one survey, son preference was less pronounced in rural nonfarm villages where women play a key role in small-scale factories. The phenomenon of slight daughter preference has even been noted in some municipalities.

Fertility may have declined, but the family remains a fundamentally important Chinese institution. Although the nuclear family is the dominant form, the three-generation family is still very common. Marriage remains popular and universal. The 1980 Marriage Law in effect relaxed the late marriage strictures of the 1970s, resulting in a marriage boom. Entry into marriage is pervasive: 4 percent are married by ages 15-19, 25 percent by age 20, and 88 percent by age 25.

Fertility is concentrated among women in the 20s, with urban fertility more compressed into a shorter age interval than is the case in rural areas. Breastfeeding durations range from 6 to 20 months with marked socioeconomic differentials.

In late 1982 and early 1983, there were campaigns encouraging abortion, sterilization, and IUD insertion, with the number of sterilizations per year shooting up from 5.1 million in 1982 to 20.8 million in 1983. As of 1983, the mix of contraceptive methods ranged as

follows: 50 percent sterilization, 41 percent IUD, and 9 percent others.

From 1984 to 1985 the proportion of first births declined from 56 percent to 50 percent, with second births, rather than higher order ones, absorbing the increase, accompanying a widening of the conditions under which a couple could have a second child. The state's idea of "desired family size," however, may not jibe with that of the many Chinese who desire a small, but nonetheless more than one-child, family.

Cohorts born during the baby boom period in the 1960s are now in their childbearing period. That generational bulge, combined with a resurgence of early marriage and childbearing, has generated a bulge in births, from 18 million in 1984 to 22 million in 1986 and 25 million in 1987.

In 1986-1988, following a period of relative leniency, family planning policy became somewhat more stringent. Responsibility systems such as "goal management," in which couples together with multiple administrative levels must guarantee compliance with program objectives, are being emphasized. Improvement of grassroots programs has been deemed a priority and later marriage is again being advocated.

Simultaneously, several pilot programs permitting a second child after a substantial delay are being tested. As the TFR creeps up, there is inevitable tension between the desire to meet the population target of around 1.2 billion in 2000 and the pragmatism of achieving what is feasible, given the sociocultural realities of a changing yet still traditional China.

Gwenda Brophy recently completed an internship at PRB. She is currently a consultant at the Futures Group, Washington, D.C.

POPULATION TODAY APRIL 1989

Challenges and Choices



The Population Issue

By Alex Marshall

"I am tired of being pointed out at international conferences as the leader of the nation with the world's highest population growth," said Kenya's President Daniel arap Moi last year. No wonder: on current estimates, Kenya's population will double in less than 20 years. By then, Nairobi could well be three times its present size. No country has ever grown at this pace—even Kenya, where the rate of growth has been rising steadily for decades. It has now probably reached a peak, but growth will go on. From 20 mn now, Kenya could have 70 mn people by 2025.

Kenya is only one of 42 African countries where population can be expected to double in 35 years or less. Some might hail these figures as evidence of success in cutting down infant mortality and increasing life expectancy—which indeed they are. Some still equate sheer numbers with national strength. African leaders know better. The problem, as they point out from Senegal to Swaziland, is that they must find the means

of coping with all these new faces at the national table, and find them quickly before social, political and economic systems collapse under the strain.

Zimbabwe, one of the recent success stories of Africa, could produce food and water for four times its present population—apparently putting the population crunch far into the distance. But on current estimates of growth, Zimbabwe could reach that limit in 40 years. "While we do not propose in some crude arbitrary manner to limit population growth, we must seek to achieve a definable relationship between population growth and the capacity of our country to provide material requirements," said Prime Minister Robert Mugabe in 1985.

Hard-sell won't work

Zimbabwe's national conservation strategy accordingly calls for "replacement-level" fertility by 2015, in order to achieve a stable population of 23 mn by 2075. In a country where women traditionally have four or

more children, arguments in favour of "stopping at two" will have to be very persuasive. The generation who will have to be persuaded are already growing up. For Dr. Mugabe and his colleagues, and other African leaders, the population problem is here and now.

Nevertheless, as Dr. Mugabe clearly recognizes, there is no point in rushing at it. Hard-sell tactics do not go down well in Africa. African society traditionally favours families of four or more, a mindset reinforced by the "Wabenzi," the new rich who flaunt their wealth, their wives—and their many children. Nigeria's Minister of Health, Olikoye Ransome-Kuti, says: "There is a very high unmet need for family planning. The economic situation in Nigeria has brought it home to our people that if they want to have their children educated and well-fed, then they have to begin to do something about the children they are going to have."

It is a favourable argument of the optimists that if Africa's resources were exploited for

con't on next page

Population

the benefit of all its people there would be no population problem. In reality it is a vicious circle. As Nigeria and Zaire have discovered, the mere influx of oil or copper dollars guarantees nothing. More cautiously planned economies, as in Tanzania, have found the national capital tied up in trying to provide the basics of life for a burgeoning population. Meanwhile, industrial development and the infrastructure it requires are severely undercapitalized.

Songs for smaller families

Governments of all political shades now accept, like Zambia's President Kenneth Kaunda, that whatever the path to national development, it must include some attention to population growth, and some limit on the explosive growth of major cities. They are also coming to believe that to solve population problems direct attention must be paid to the economic and social needs of the majority of the population, the vast numbers who throng the slums and shanties or try to find a living on the land.

Nigeria's Ransome-Kuti is a pediatrician by training and a man with a natural sympathy for the vast masses—who were left out when Nigeria's oil wealth was being divided under successive civilian and military governments. He is quite clear, even passionate, in his belief that the health needs of the poor must be addressed, and believes that this is an essential step on the road to smaller families. With the help of the United States Agency for International Development (USAID), the United Nations Fund for Population Activities (UNFPA) and the United Nations Children's Fund (UNICEF), he has begun an ambitious plan to establish or refurbish health centres in the slums and suburbs of Nigeria's teeming cities, and to reach out into the remote rural areas with health care for mothers and chil-

dren. He includes family planning as an essential element, and he realizes the need for encouragement, especially among the men. Loudspeaker vans tour the suburbs playing songs and broadcasting speeches in favour of the smaller family.

Nigeria's plans go much further than loudspeakers. A national population policy has been drawn up and resources set aside for implementing its targets. As the biggest and one of the richest countries in Africa, Nigeria's lead will be followed by many others. National leaders now preach the need for slower population growth; if they are serious in their intent they will find a willing audience.

Alex Marshall is Chief of Media Services at the UN Fund for Population Activities in New York.

AFRICA RECOVERY DECEMBER 1987

Compare the programs being implemented to curb population growth in Africa with China's "one child policy".



We're thinking of putting you on the cover

News American Syndicate 1987

POPULATION TODAY JANUARY 1989

India Ponders Population Problem

India is, once again, agonizing over its mounting population. By the year 2050, on present trends, Indians may overtake the Chinese, achieving the dubious distinction of becoming the most populous country ever to have existed on earth.

For months, market researchers, family welfare bureaucrats, groups of experts and Prime Minister Rajiv Gandhi himself have been pondering this prospect. For while China seems to be on course for an almost stable population of around 1.450 billion by 2050, the standard projection for India will leave her with over 1.500 billion people by that date – and still rising.

Gandhi has called for a rethinking of India's family welfare policy, and a government report which announces some new approaches to the population problem is expected soon.

What really worries Gandhi is the apparent lack of return on the central government's investment in family planning and related activities. Over a five year period, \$ 6 billion will be spent on "family welfare" work – nearly all of it just to maintain the existing network of services.

Despite the government's expenditure, family planning is practised by only 30 per cent of couples between the ages of 15 and 45. Increased use of contraceptives has not led to the expected fall in the birth rate, and population growth is still 2.2 per cent per year.

A recent report sponsored by the Delhi-based Family Planning Foundation goes some way to explaining why

this is so. It points out that the prevalence of contraceptive use ranges from a high of 70 per cent in one district in Gujarat to only 4 per cent in part of Kashmir. There are similar variations in female literacy, infant mortality and per capita income.

India has not achieved what it might have done, the report says, because its family planning programme is carried out "in isolation from the real life situation of the people, particularly those in rural areas".

"Population control is the government's highest priority", Rajiv Gandhi said recently, adding that "we are definitely spending too much money and not getting proportionate returns". There was, he complained, "almost no base of information on how well the programmes work".

India is committed to reaching, by the year 2000, a "replacement level" of reproduction: sufficient to ensure that each mother replaces herself, but no more. This means that the average family would have only about 2.3 children, compared with today's average of 4.5.

The aim is to reach about 60 per cent of all eligible couples with effective contraception, to reduce birth rates and to cut infant mortality from the present 118 to less than 60 per 1,000. If this is done India might reach the mid-21st century with 200 million fewer people than current World Bank projections predict.

But even maintaining the present level of family planning coverage will re-

quire involving almost twice as many people as the total programme has reached so far. How is it to be done?

One certainty is that reliance on sterilization, which at present accounts for 60 per cent of the demand placed on family planning services, will be reduced. With 40 per cent of India's population below 15 years of age, other methods such as the birth control pill – barely used in India until recently – as well as the condom and the intrauterine device (IUD) will be given greater attention.

The government will almost certainly experiment with some forms of incentive for small families. One idea is to provide a small monthly stipend for those who, having two daughters, resist the cultural pressure to try for a son. Alternatively, a sum may be promised which would be cashable after 20 years.

Another plan is to make greater use of commercial channels to promote and sell contraceptives at subsidized prices. A US-aided project for a contraceptive marketing organization is already beginning to move.

Non-governmental organisations will play a much greater role in the delivery of family planning information and services. Any private organization which can put up a good scheme is likely to get government backing. The Family Planning Association of India has already secured a grant to begin a consultancy service for other voluntary organizations wishing to integrate family planning into their work.

It appears that the government will also strengthen its system of "village health guides" – local workers who are given short training courses to encourage community participation in simple medical care and contraception.

India's wide and growing regional disparities make global solutions impossible. It will be counter-productive to press the two-child norm onto poor, illiterate, tribal, nomadic and farming families where infant mortality remains high and children are the only security and wealth which parents possess.

Tackling the underlying environmental and poverty problems which these families face is the springboard for successful family planning. Indications are that the new family welfare programme will attempt to link population planning with the need for broader social and economic reforms, especially those relating to child survival and the lives of women.

Earthscan/John Rowley

What social and economic reforms are necessary for a successful family planning scheme in India?

THE 'PLANNED' FAMILIES OF TUNISIA

by MOULDI HABCHI

If a young married woman doesn't want to have children for one, two, or three years, all she has to do is swallow one, two, or three small lead shots on the night of her wedding.

Easier still, 'all she has to do is eat two raw eggs every morning—when one already has an egg in one's stomach, there is no room for any more.'

These formulas, and so many others, have had their day.

It was 30 years ago that Tunisia achieved independence and 20 years ago that it opted for a family planning policy designed to harmonize, in the long term, demographic growth with economic growth. Although people's methods have changed, birth control and family planning remain a major concern today.

Birth control services are now offered through more than 800 public sector centres in Tunisia—dispensaries, hospitals, family planning clinics, and mobile teams. Four married women out of 10 use some form of contraception and some 30 000 abortions per year are performed by services of the National Office for Family Planning and Population (ONPFP).

Two-thirds of Tunisians believe that religion views birth control favourably. But there are other sources of resistance to birth control—ones related to a woman's level of education, her status, and socioeconomic level.

The average number of children per woman decreases according to her level of education: from 6.9 among illiterate women, to 2.6 among women with a university education. The proportion of illiterate women in Tunisia is close to 50 percent with the level reaching as high as 75 percent among women over 30. These figures explain why the decline in the birthrate has been so slow. Efforts to date to provide the country with schools will have their effect mainly in the years to come.

Access to employment is also a major determinant of reproduction rates among Tunisian women. Women with jobs have an average of two children, those without jobs normally have more than four. The nature of the woman's job is also an important factor. Whereas executives have an average of 1.6 children (the level in Europe), the figure is three times higher among working class women, and reaches nine children among women in the farming sector. But in the final analysis, education levels have a greater influence on the declining birthrate than does employment.

Questioned about the ONPFP fertility survey that he conducted together with Rodrigue Beaujot, Mongi B'Chir says that the remarkable decline in the birthrate between 1966 and 1976 must be seen in the context of traditional Arab-Muslim societies which favour large families.

The survey, which was funded by IDRC, focused on 532 single, married, widowed, and divorced people, over 25 years of age. It was designed to examine the prevalence of family planning and define the reproductive behaviour of Tunisians. The survey revealed an appreciable drop in the fertility rate, reflected in a decrease of two births per household over the last two decades.

According to Mr B'Chir, "Tunisian society is still torn between two models: the traditional model, still preponderant among large segments of the population, who continue to believe that a large family provides security; and the modern model, a smaller family oriented toward consumption and comfort."

Apparently, the first model is losing ground: two-thirds of Tunisian women now subscribe to the modern family model.

Ninety percent of the people surveyed opt for a family of three to five children. Four children would be the ideal number ("neither too many, nor too few"), and seems to reflect a profound social imperative. A Tunisian saying often crops up: "Two children to tie a husband's hands, and two to tie his feet." A major factor would appear to favour this ideal number: family allowances are paid only for the first four children.

Despite the improvements of recent years, under the best-case scenario the reproduction rate would be 3.8 children per family at the turn of the century. And not until 2020 would a rate of 2.0 be achieved, which is still higher than the rate necessary for simple population replacement (2.1).

This downturn would occur under the combined effects of socioeconomic and cultural changes—notably better education, urbanization, declining infant mortality, the gradual integration of the rural community into the national economy, and the popularization of birth control methods.

The changing social behaviour of Tunisians is also having an impact on fertility. Today, the health of a couple is no longer measured solely by the "harvest" of children. The social image which is clearly emerging is that of the couple who reflect on their concerns, particularly the issue of reproduction, and make decisions jointly.

Even the concept of housing is changing. Almost all the couples surveyed expressed the desire to have one room for the girls, one for the boys, and one for their parents. Western mores are indeed gaining ground. ■

What contraceptive myths exist in Canadian culture?

IDRC REPORTS JULY 1987

SURVEY REPORT

Japan

Japan's Ninth National Fertility Survey, conducted by the Ministry of Health and Welfare in 1987, reveals a continuing increase in the age at first marriage and in the proportion of unmarried women in the prime childbearing ages.

The survey also shows that Japanese couples feel that 2.6 is the ideal number of children to have, a figure that has not changed during the past decade.

A country of mountainous islands, Japan has a population one-half the size of the U.S.'s living on 1/25th of the land area.

The survey's findings are based on a sample of 10,297 currently married women under age 50. Mean age at first marriage is 24.2 years for women and 27.2 for men. An interesting differential in age at marriage is found between two types of marriage: love matches and arranged marriages. The age at marriage is significantly younger among love-match couples than among arranged marriage couples—0.9 years younger for women and 2.2 years for men.

These differences have widened in recent years. (Today about 25 percent of all marriages in Japan are arranged by parents, relatives, friends, or marriage-arranging services. The proportion of such arranged marriages has decreased from the 60 percent recorded in the late 1940s.)

The age difference between wife and husband is 1.6 times greater among arranged marriage couples than love-match couples. The average time period from "encounter" to marriage is 23.6 months for love matches and only 4.9 months for arranged marriages.

The survey also found that after 15-19 years of marriage a

couple's average number of children is 2.17. More than 90 percent of newly married couples have their first baby within five years of marriage. Women aged 35 and over tend to avoid pregnancy, even those who have no children. These trends have not changed in the last 10 years. The percentage of women pregnant before marriage has increased from only 10 percent in the marriage cohort of the early 1960s to 25 percent in the 1980s.

In Japan, the proportion of couples living with parents immediately after marriage decreased after World War II, however, the percentage seems to have leveled out at around 30 percent during the last two decades.

Generally, socioeconomic factors such as education, occupation, and income appear to have little impact on the level of Japanese fertility. A survey study done by the Institutes of Population Problems of Japan (IPP) confirms that socioeconomic factors explain only 6 percent of the variation in number of children ever born. Couples who live in rural areas and who live with or near parents tend to have more children than others. Also, wives who marry at relatively young ages have more children than women who are older at marriage.

The study indicates the total fertility rate (TFR) drop is largely attributable to an increase in the proportion of unmarried women in the younger childbearing ages, and to late marriage.

According to the IPP's statistical study, factors affecting the "ideal" size are the number of rooms available, whether the couple lives with or near parents, and the extent of their commitment to give their children a college education.

Contrary to Western percep-



Preference for boys has fallen

tions, parental preference for boys has been diminishing in Japan. This trend is more pronounced in the recent survey than in the previous (1982) one. Among respondents who chose 2 children as ideal, for example, preference for 2 female babies (10 percent) exceeds that for 2 male babies (4 percent). Among those who chose 3 as ideal, 52 percent opted for 2 boys and 1 girl, while 1 boy and 2 girls was the choice of 46 percent. Some 1 percent wanted 3 girls, and 0.5 percent wanted 3 boys.

More than 65 percent of couples surveyed practiced contraception. Condoms are the most popular method (80 percent) throughout all age groups and all parities. The next most preferred methods are withdrawal (16 percent) and rhythm or periodic abstinence (14 percent). Sterilization accounts for only 7 percent (women and men combined), and just 4.6 percent use IUDs. The pill (1.4 percent) cannot legally be prescribed for contraceptive purposes in Japan, a government study having cited bad side effects.

Twenty-three percent of the women surveyed have experienced at least one abortion, with 1.5 the average number of abortions.

— M. Y.

Using data available from statistics Canada, compare the Japanese fertility survey figures with our own.

**CONTRACEPTION
AND
FAMILY PLANNING**

Family planning saves lives

The lives of 5.6 million children and 200,000 women could be saved each year if all the women who wanted to limit their families had access to family planning.

THE DANGER

Unwanted pregnancies are dangerous – both for mothers and children.

MOTHERS

500,000 women die of maternal causes a year. More than 200,000 of these could be saved if they were able to plan their families.

CHILDREN

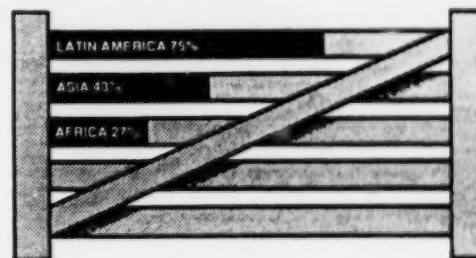
10 million children under the age of five die a year – more than half of these as a result of poor maternal health during pregnancy, unsafe delivery or inadequate care after birth.



THE UNMET NEED

An African woman is 200 times as likely to die in childbirth as her European counterpart. But millions of Third World women are denied family planning.

- In 60 per cent of developing countries half the population does not have easy access to family planning.
- In Latin America 75% of women not planning their families would like to do so. The figure is 43% in Asia and 27% in Africa.



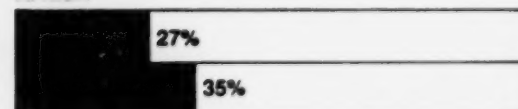
- In 10 African countries up to 90% of women have not heard of modern methods of contraception.

THE OPPORTUNITY

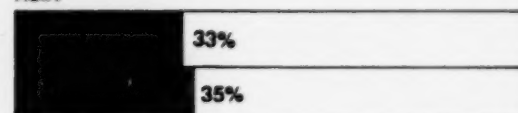
If women who wanted no more children had the choice there would be a 38% reduction in births and a 29% drop in maternal deaths worldwide

PERCENT REDUCTION IN BIRTHS MATERNAL DEATHS

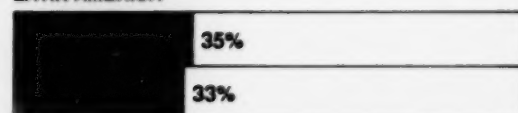
AFRICA



ASIA

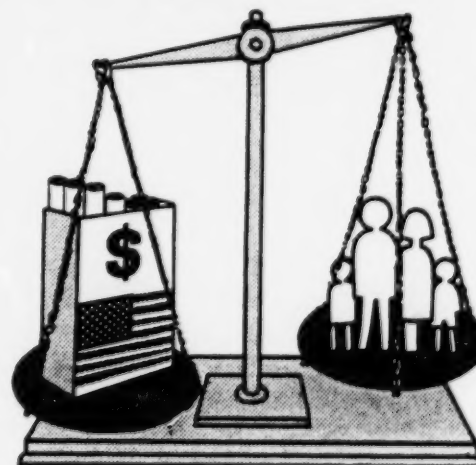


LATIN AMERICA



THE COST

To bring family planning to all women who want it would cost an extra \$2 billion a year until the year 2000. This is less than the annual US expenditure on tobacco advertising.



Aid to World Population Programs

Although the United States is the largest donor of international population assistance (foreign aid appropriations for FY 1989 provide \$197.9 million), several nations provide population assistance to other countries as well as to international groups and the UN specialized agencies.

The Population Crisis Committee of Washington, D.C. reports the following approximate amounts as the most recent information available:

Australia: \$2.5 million in 1986-1987, Australian International Development Assistance Bureau.

Canada: \$57.5 million for 1988-1989, Canadian International Development Agency.

Denmark: \$15.5 million for multilateral assistance in 1987, Danish International Development Agency.

Finland: \$1.2 million for multilateral assistance in 1988, Department for International Development Cooperation, Ministry for Foreign Affairs.

Italy: \$3.7 million in 1985, Directorate General for Development Cooperation, Ministry of Foreign Affairs.

Japan: \$60 million in 1988, Economic Cooperation Bureau of the Ministry of Foreign Affairs.

Netherlands: \$20.6 million in 1987, Directorate General for International Cooperation, Ministry of Foreign Affairs.

Norway: \$38.9 million in 1987, Norwegian Agency for International Development, Royal Norwegian Ministry of Foreign Affairs.

Sweden: \$33.5 million for 1987-88, Swedish International Development Authority.

Switzerland: \$4.7 million for multilateral assistance in 1988, Directorate for Development and Humanitarian Aid, Ministry of Foreign Affairs.

United Kingdom: \$23.8 million in 1987, Overseas Development Administration.

West Germany: \$32.2 million in 1986, Federal Ministry for Economic Cooperation.

The Unfinished Story

Millions of couples in the less developed countries lack the means to plan their families, despite the fact that half the 463 million married women of reproductive age outside China want no more children and millions more would like to delay their next birth, writes Jodi L. Jacobsen, author of "Planning the Global Family," the latest in the *Worldwatch Paper* series published by the Worldwatch Institute.

Despite slowing world population growth rate since the early 1970s, annual additions to world population have increased from 74 million in 1970 to 86 million in 1987. "If the needs of even half of the women lacking access to family planning had been satisfied, annual additions to human population would now be falling instead of rising," Jacobsen says.

In the developing world, only Cuba, Singapore, South Korea, and Taiwan have achieved replacement level fertility. Impressive reductions have been made in Brazil, China, India, Indonesia, and Mexico, but fertility rates remain moderately high—above 3.5 children per woman—in all but China. And pockets of extremely high fertility—above 6 children per woman—still exist throughout Africa and the Middle East.

"The recent experiences of several nations," Jacobsen notes, "suggest a close relationship between effective voluntary family planning programs, rising levels of contraceptive use, and declining fertility even in the absence of broad-based economic gains." Even so, few countries have put family planning at the top of their agendas.

The gap between family planning use and desire means the developing-country population will grow faster than need be. "Countries that remain on a high fertility path will find that meeting basic subsistence needs will be increasingly difficult in the years to come," the *Worldwatch Paper* argues.

Moreover, family planning offers significant health benefits. Each year up to a million women worldwide die from pregnancy-related causes. Fully 99 percent of these deaths occur in the Third World where complications arising from pregnancy and illegal abortions are the leading killers of women in their 20s and 30s. At least half of all maternal deaths could be averted through a combined strategy of family planning, legal abortion, and primary health care, according to the paper.

Half the world using contraception

OVER HALF THE world's married or cohabiting couples, where the woman is of childbearing age, are using contraception, according to the latest data collated by the UN Population Division.

In developed countries 70 per cent of couples are estimated to be protected by some form of contraception, and in developing ones 45 per cent. Within the less developed world the prevalence rates vary from an estimated 74 per cent of couples in East Asia to 54 per cent in Latin America, 33 per cent in South Asia and only 14 per cent in Africa.

These figures represent data available in May 1987 and are presented in a wallchart entitled *World Contraceptive Use*.

Other central facts are:
 *Contraceptive use has gone up between 10 and 20 per cent in half of the developing countries since the 1960s.
 *Female sterilization is the preferred method for 35 per cent of couples worldwide.
 *Male sterilization is now used by 5 per cent of couples, but is almost unknown in African and many Latin American countries.
 *Use of the Pill is 8 per cent globally; IUDs are the preferred method of 9 per cent of couples; 5 per cent of couples use condoms worldwide.

Nearly half of condoms stored under normal conditions for three and a half years in a tropical country broke during use. Condoms that had been subjected to ultra-violet light for 10 hours—which can happen if condoms are exposed to sunlight or light from fluorescent lamps—were nearly three times as likely to break as condoms straight from the manufacturer.

These findings highlight the ease with which condoms can deteriorate when not stored under ideal conditions. The evidence is of particular importance at a time when couples throughout the world are being urged to make use of condoms as the first line of protection against AIDS. In Africa alone, family planning associations have ordered an extra 7m condoms from the International Planned Parenthood Federation, as demand has soared in the continent.

Studies have shown that condoms, properly stored, can be 97 per cent effective as a contraceptive method, and that a combination of condom and spermicide probably increases effectiveness further.

However, condoms only act as an efficient barrier if they are used correctly and if they are of good quality. While they can retain their strength for five years if kept in perfect conditions, severe deterioration can occur in as little as a year if they are not stored properly at the warehouse, at the delivery outlet or when being transported. And the shelf life of extra-thin brands could be up to 12 months less than that of condoms of standard thickness.

POPULATION TODAY MARCH 1989

POPULATION TODAY JANUARY 1988

Birth Control, Fertility In 110 Countries

During the past two decades a historic family planning revolution has taken place around the world.

The extent of its progress has varied from place to place. But the new "World Access to Birth Control" data sheet, published by the Washington-based Population Crisis Committee, graphically traces the course of this revolution in 95 less developed and 15 developed countries that together include over 95 percent of the world's population.

The data sheet does so by summarizing two variables: (1) the percentage of decline in the country's total fertility rate (TFR—the lifetime number of children per woman) from 1970-1975 to 1985-1990 (projected), and (2) access to contraceptive methods in each country.

Not surprisingly, the two variables are related. Countries scored high by PCC in birth control access tend also to show significant reductions in fertility. The top 10 less developed countries with the best birth control access, as scored by PCC according to a formula that takes into account availability of method and information, the level of government funding, and similar factors, are:

- 1 Taiwan
- 2 Singapore
- 3 South Korea
- 4 China
- 5 Hong Kong
- 6 Colombia
- 7 Sri Lanka
- 8 Panama
- 9 Cuba
- 10 Mexico

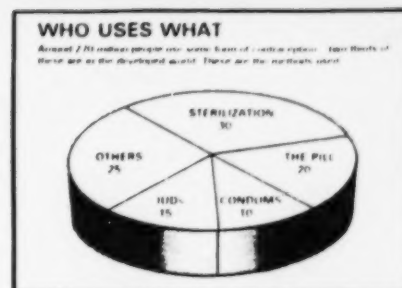
PGC calculates that out of the 2.8 billion people in developing countries outside China, 660 million are women in the reproductive ages 15-49. About 460 million of these are sexually active, excepting those who are infertile or already pregnant, about 370 million women can be considered at risk of pregnancy. Of those at risk, 124 million are now using an effective contraceptive method, while the remaining 250 million are unprotected.

POPULATION TODAY JANUARY 1988

Soap Operas for Family Planning

Television soap operas are becoming a popular medium worldwide for the dissemination of family planning information. The first soap opera entitled "Telenovelas" was produced in Mexico in 1977. According to the Mexican Institute for Population Control, it significantly contributed to an increase in family planning and reduction of the birth rate. In 1984, India telecast its own first soap opera during prime time, which was produced with personnel support from Mexico. During the last few years, substantial amounts have been invested to promote family planning through television. The response to such "educational programmes" varied. As a rule, it was rather negative. The success of the soap opera on the Mexican television station Televisa is probably due to its origin. It was planned and produced by commercial television. Cooperation between the producers of the show and the responsible governmental agencies was helpful in selecting the right topics and guaranteed that the series built on existing governmental family planning services. The same authors and directors who produce popular television shows were hired.

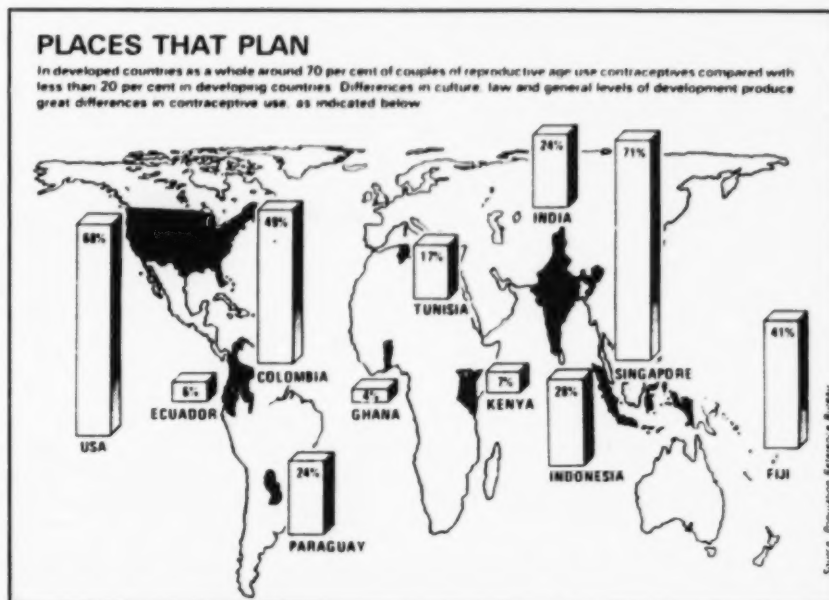
Alternating between comedy and tragedy, realistic stories and characters were created with whom the viewers could identify. Televisa produced 180 segments for a television series with a family planning message, which



was telecast daily for nine months. The Indian soap opera which was telecast in 1984 was credited with great commercial success, but its impact on family planning remained small. Contrary to the Mexican series, producers in India concentrated on the movie itself, rather than the social message. In a new soap opera, which will be telecast in 1986, the Mexican model will be followed more closely.

In the meantime, the concept of soap operas is spreading. Kenya will telecast its first soap opera this year. In addition, Kenya wants to use radio plays to disseminate family planning information, since radios are widely used in the rural areas. Egypt and Nigeria intend to send their television producers to Mexico for training during the current year. The Mexican soap opera was telecast in many other Latin American countries. For this purpose, the Mexican family planning message was replaced by an epilogue which was custom-tailored to the respective country. (epi)

DEVELOPMENT & CO-OPERATION #5 1986



Japan and the Pill



DR. SATOH KAZUO

What is your view of the pill?

It's the safest and most effective contraceptive, and it is needed in Japan. Condoms, a popular contraceptive here, have a high failure rate. Instead, abortion has most contributed to our population control, and it imposes a heavy burden on women.

Why are doctors now appealing for liberalisation of the pill, when they disapproved earlier?

Twenty years ago it was not recommended medically in view of its side effects and possible genetic impact. Besides, some people strongly opposed it on ethical grounds. One reason we are more positive about it today is because there are too many abortions in Japan, increasingly among teenagers. The pill is a better answer than abortion for them, I believe. Their sexual behaviour is not a matter of the pill any more. Also, the new pill used today has far less hormone content, one-fifth to one-tenth of previous levels, which reduces the possibility of serious side effects. We will warn the high risk group of smokers over the age of 35 of the possible hazards, but there are some advantageous side effects too. For example, pill users are reported to be less likely to get cancer of the ovaries and uterus. And the Japanese in general have less risk of developing thrombosis [clotting in blood vessels], the main risk of the pill.

Some women disapprove of the pill because it is unnatural, others because they say it gives women too much responsibility. What do you think?

The purpose of every medicine is to control the natural cycle of the human body in the most natural way possible for the sake of cure, prevention of illness or even contraception. People are free to choose or reject that medicine. But we doctors try to make it available if it promises benefit for the great majority. To us, the pill is the contraceptive most likely to succeed and the safest. It may not be ideal — a post-coital drug, if one could be developed, would be better — but it's the best available.

What's the schedule for liberalising the pill?

Clinical trials of several kinds of pills have just started. Even if things work out well, it will take two more years of consecutive trials and some time for final approval to come. Altogether, it will take more than three years before the pill is made available.

Dr. Satoh is a professor at Saitama Medical Centre, Saitama Medical School, near Tokyo, and a member of the Japan Society of Obstetrics and Gynaecology.



UNO SUMIE

What is your view of the pill?

The pill is our last choice among all contraceptives for these reasons. One, it is risky for a healthy person to take extra hormones that may have side effects. Two, it is troublesome to take a pill every day without fail. Three, it makes women alone responsible for contraception. And four, it causes a couple to communicate less. In Japan, where women have little access to information or consultation services about contraception, their own bodies and sex, it's questionable whether doctors should make a unilateral judgment in prescribing the pill.

Don't Japanese women want the pill made more available?

It is said that 700,000 to 800,000 Japanese women currently use the pill as a contraceptive. But, compared to their European and American counterparts, they are much less interested in it. Since Japanese women generally have negative feelings about medication, they are not inclined to think positively about contraceptives.

What do you think of the recent move by the government towards the liberalisation of the pill?

We do not oppose developing safer contraceptive pills and making them available. We are concerned, however, that it shouldn't be promoted by male rationale. Men tend to say, "The pill is better than abortion" or "Now with less hormone content the pill is a handy contraceptive." We want to press the view that, if the pill is liberalised, prescriptions for it should come with sufficient information and careful checking. We are also concerned about the politico-economic factors behind the liberalisation — whether it is linked to the move to prohibit abortion and whether it is meant to open Japan's market now that the pill is no longer popular in the U.S. and Europe.

What does your group do to educate women about the pill?

We had our guidebook *Piru: Watashitachi wa Erahana* ("The Pill: We Do Not Choose It") published in March, but we believe the individual must still make the choice whether to use the pill and, if not, which other contraceptive to choose. It is necessary, however, to know not only the effect, safety and risks of each contraceptive but also to consider a woman's sexual independence and good communication between man and woman. In the first place, therefore, when women need to know and talk about their bodies, we provide the space and time. Then we voice our views as much as possible, talk to doctors and hold discussions at our regular meetings.

Uno is a representative of the Osaka Women's Health Centre, a private group which promotes women's involvement in health, medicine and clinical activities.

ASIaweek 27 November 1987

Religion and conservative husbands balk at family planning

ON A BUSY corner of Niamey central market, Aicha Hama's attention is divided between the four frail-looking children surrounding her and customers waiting to buy her fermented cheese. A fifth child, barely six months old, struggles to squeeze milk from its mother's breasts. Aicha looks emaciated and much older than her 24 years; five births in seven years have taken a heavy toll. Her situation is shared by many women in Niger.

Asked whether she would resort to family planning, however, Aicha responded: "Children are a blessing and a gift from Allah and it's sinful to prevent pregnancies."

Niyi Alabi

Despite this generally-held view, Niger has recently legalized family planning. The desert country's population is only 7m but is growing at 3 per cent a year. The President recently appealed for food aid, saying his country needs 250,000 tonnes of food for drought victims.

It was this pressure which led the government to legalize family planning as a way of protecting the health of mothers and children and of controlling population growth. But Islamic associations in the predominantly Muslim country are opposed to the decision and seem prepared to block it.

Hassan Ibrahim, the deputy Imam of Zinder central mosque, said: "Family planning is sacrilegious and immoral; it is a challenge to Allah's will and we should expect divine retribution for our disobedience."

Many self-styled "liberal" or "modern" Muslims, however, consider that the legalization of family planning is long overdue. Institutions of higher learning have been organizing debates on the subject.

During a recent one at the University of Niamey, many students who took the floor at the well-attended forum spoke in favour of family planning, although there was a consensus that it should be optional.

One speaker said the late President Seyni Kountché's worst action was having "shied away from the alarming population growth made possible by religious obscurantism". Kountché expressed concern about the population problem on several occasions, but lacked the courage to act on it.

The current debate seems polarized between young and old, the latter seeing it as a sign of increasing moral decadence. Hard-line Muslims, especially those with fundamentalist tendencies, oppose contraception. So family planning field workers have started a campaign which involves talking to people in their homes about the whole concept of birth control.

Mariana Bako, a social worker, said: "The initial response hasn't been encouraging. Some people just don't want to hear anything about family planning. Others listen and tell you that God won't allow a child to be born if it can't be taken care of."

This idea is common among the Hausas, Djerimas, Fulanis and Tuaregs who make up the population of this conservative country, and remains the main impediment to progress in population control.

Posters bearing messages such as "Don't make babies if you can't be a father" and "Fewer children for better life" have been displayed on the university campus in Niamey, though opponents are allegedly removing them. With the exception of a handful of students, mostly non-Muslims, people are shy of talking about condoms and other forms of contraception.

The general level of education is low with a literacy rate of about 8 per cent. Rural dwellers, mostly farmers and nomadic herdsmen, consider Western formal education useless and the source of moral degeneration. Koranic schools are preferred in Western-type education, but most parents rely on their children to provide labour on the farms, producing an attendance rate of just 15 per cent.

One senior civil servant argued that "with a population density of 13.2 per square mile, family planning should not be our priority". This ignores the low rate of economic growth (0.3 per cent for gross domestic product this year) and a per capita income of \$475. Niger has two hospitals and 38 medical centres.

With an infant mortality rate of 139 per 1,000 births, authorities claim that the rationale behind the legalization of family planning is first and foremost to protect the health of children and mothers. The Planned Parenthood Association of Niger emphasizes the health hazards of numerous and poorly-spaced pregnancies.

A major problem for the Association is how to "sensitize" the men about the advantages of family planning. Most women interviewed at Niamey central market said they could not accept family planning without the permission of their husbands. That is where the problem lies.

Financial and logistical help is expected from the UN Development Programme and the French Government, and neighbouring Nigeria's adoption of a family planning campaign may boost Niger's efforts.

But no amount of external assistance can ensure success without a widespread information and motivational drive. Some enthusiasts, like pharmacist Rachidoun Tijani, say there should be inducements for parents. But much will also depend on the attitude of the Islamic associations.

The World's Moslems

Moslems are the world's fastest growing major religious group. Nearly 1 in every 5 persons is Moslem, an estimated world population of 984 million in 1988. In the late 20th century, there are more Moslems in Asian and African countries than in the Arab nations which saw the rise of Islam in the 7th century A.D. If the current high levels of fertility continue, almost one-quarter of the world's population could be Moslem around the year 2020.

Professors John R. Weeks and M. Saad Gadalla of the International Population Center at San Diego State University in California analyze and discuss these and other facets of the world's Moslem population in "The Demography of Islamic Nations," PRBS just-issued *Population Bulletin*. There are 40 countries, including the world's fifth most populous, Indonesia, and Albania in Europe, with a population 50-100 percent Moslem, and another 7 countries, including Nigeria and Malaysia, ranging from 25-49 percent Moslem. In addition, there are 9 countries each with more than 2 million Moslems who total less than 25 percent of their total population, such as the Soviet Union, China, Yugoslavia, and India.

The authors find that the Islamic nations tend to be further behind in the demographic transition than other groups of nations, with the highest fertility levels, the highest mortality, and the highest rates of natural increase even when compared with other, non-Islamic developing countries. However, they believe these demographic trends stem more from the very traditional, patriarchal, agricultural nature of these societies than from Islam per se, which, contrary to some other major world religions, does not forbid contraception. The authors particularly note the low status of women in this context and the early state of economic development in general.

Crude birth rates range from North Yemen's 55 per 1,000 to the 27 per 1,000 in Indonesia and Albania, and there is an equal diversity geographically, from Sub-Saharan Africa to Asia Minor to Southeast Asia to Oceania, and in terms of income per capita, from the very rich oil producers of the Gulf and Brunei to densely populated Bangladesh and drought-and-war stricken Ethiopia.

Radio: a powerful family planning tool

MORE AND MORE, radio is being put to work to promote family planning. Radio projects featuring creative new approaches to population problems are springing up throughout the world, according to *Population Reports*, published by The Johns Hopkins University.

In Latin America, sexual responsibility among young people is encouraged through songs recorded by two popular young artists. The hits "When We're Together" and "Restrain Yourself" were funded by a \$300,000 grant from the United States Agency for International Development. It's hoped that the songs, which feature lyrics such as: "I know you are right when you say no," will help

discourage pregnancies among teenagers.

In Jamaica, a soap opera set in a family planning clinic has attracted a large and loyal audience. A similar soap opera is broadcast by more than 100 radio stations in Indonesia.

In Costa Rica, a long-running radio programme called "Dialogo" explores family planning issues through interviews, dramatisations, panel discussions and letters from listeners.

Radio spots were part of a "male responsibility" campaign launched in 1985 by The Caribbean Family Planning Affiliation (CFPA). Similarly, in Zimbabwe a radio drama is being prepared to promote the idea of male participation

in family planning decisions.

In Bangladesh, India, Indonesia and Nepal, marketing programmes advertise contraceptive products. In Colombia, a 1984-85 media campaign used radio to promote generic condoms.

Such broadcasts seem to have had an impact. The number of inquiries to youth guidance centres in Latin America has risen. The length of contraceptive use in Honduras has increased. Clinic attendance in Nigeria is growing, while condoms have become more accepted in Colombia. More clients are being brought to private sector services in Hong Kong and Egypt.

It's estimated that there are some 1,600 million radio receivers throughout the world, which means a ratio of one radio receiver for every three people. There are nearly 32,000 stations. The ubiquity of radio makes it an ideal medium for the spreading of family planning information. (*Depthnews Radio*)

What ideas do you have for communicating family planning information to teenagers?

population briefs

● **SOCIAL PRESSURE** to have a child soon after marriage is so strong in Zimbabwe that wives who cannot bear children resort to kidnapping babies; failure to reproduce has also led to broken marriages. At the same time, ironically, concern is being expressed at the number of single mothers being forced to abandon their infants. Although Zimbabwe has one of the best family planning programmes in Africa, young girls often take no precautions until after their fertility is proven. When they become pregnant some are able to hide the fact, but they must dispose of the child to avoid disgrace. **GENEVA □**

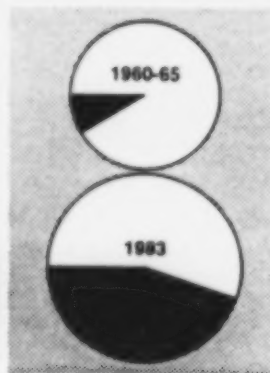
● **ZAMBIA HAS** embarked on national campaigns to promote health and family planning awareness on a wider scale—using street theatre. The aim is to make people aware that economic growth, health facilities, housing, employment and transport—as well as the health of mothers and children—are all interwoven with population growth. The street theatre campaigns have been designed especially for rural residents who do not have access to mass media either because they cannot afford to or because they cannot understand the language. The performances are aimed at the most sexually active age groups, but the message of each one is tailored to its particular audience. **PEOPLE □**

POPULATION TODAY JULY/AUG 1988

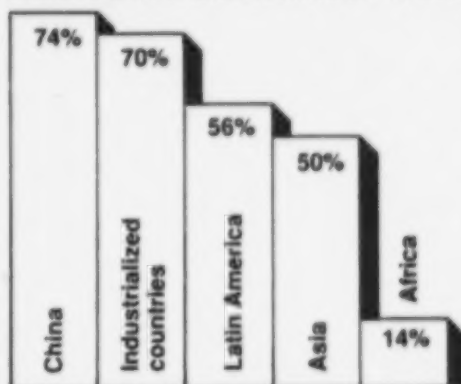
DEVELOPMENTAL FORUM MARCH 1988

Family planning successes

In just two decades the usage of modern family planning has more than quadrupled in the developing world rising from 9% of the child-bearing population in 1960/5 to 45% of a much larger population in 1983, when the last survey was conducted.



WOMEN OF CHILD-BEARING AGE USING CONTRACEPTION



FERTILITY RATES

Fertility rates are falling in most parts of the world. The number of children born to each woman has dropped from 3.6 in 1970/75 to 3.4 in 1980/85. For example, Sri Lanka, Thailand and Mexico have seen big reductions.

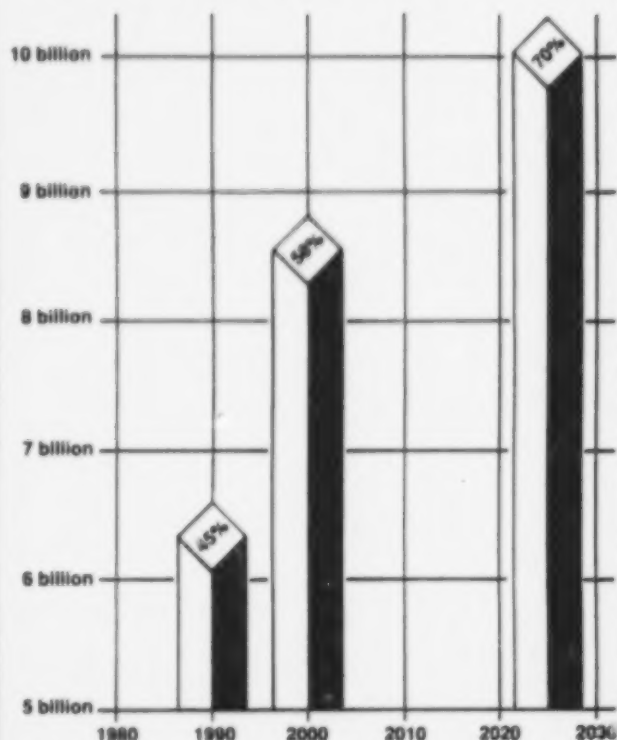
The average Dominican Republic mother had 7 children in the late 1960s. This dropped to 3.8 by 1986.



But in Nepal, Pakistan and Afghanistan fertility has remained high; while in Malawi it has actually increased.

THE FUTURE

For world population to stabilize at 10 billion in 2025 more people will have to make use of family planning. The current rate of 45% in the developing world will have to go up to 58% by the year 2000 and to 70% by 2025 – the average in the industrialized world today.





Pregnant man poster from Trinidad.

Male involvement in decisions about contraception is seldom recognized in family planning programmes. Yet men's support or opposition has a strong impact on contraceptive use by their womenfolk.

Non-surgical vasectomy device under development

A NEW DEVICE for performing vasectomies without surgery is in the works. The Population Council is collaborating with VasTech Medical Products, Inc., a New Jersey-based company, in the development and testing of a product that will allow vasectomies to be performed non-surgically in a fraction of the time presently required.

The device, known as Vasoclude, is expected to reduce the frequency of common vasectomy aftereffects such as bleeding, swelling, pain and infection. Because the device is non-surgical, it is hoped that the procedure will be easily learned and performed by non-surgeons, making vasectomy more accessible to patients in countries where health care services are provided by nurses and paramedics.

In addition, practitioners will be able to sterilize and reuse one version of the device, which is to be made primarily of

stainless steel. In the future, VasTech plans to develop a disposable version of the device.

Vasoclude was invented by Dr. Jeffrey Sandhaus of Astoria General Hospital in New York City. The Population Council and VasTech plan to produce a prototype device and conduct animal and human tests.

Once a marketable device has been developed, it will be submitted for approval to the US Food and Drug Administration. World-wide patents will be retained by VasTech, which will be responsible for manufacturing and marketing in the US and internationally.

The Population Council, an international non-profit organization founded in 1952, undertakes social and health science programmes and research, conducts biomedical investigations, and develops new contraceptive technology. □

UNFPA STATE OF THE WORLD POPULATION REPORT 1989

DEMOGRAPHICS

European governments want more white babies

Falling birthrates alarm both capitalist and socialist governments. They foresee a weakening of their economic power if the number of adults capable of full-time work falls to below replacement levels. The French government has started a pro-natalist policy. It pays families about \$125 a month for two years at the birth of a third child and gives them an additional allowance of about \$85 a month from the third month of pregnancy until the child's third birthday.

West Germany is planning major new tax incentives to encourage large families, including a program that would supply all women with "motherhood vacation money"—\$200 a month for a full year after giving birth. Governments in Hungary, the USSR, and Czechoslovakia are also offering mothers cash support if they have more children.

But do women want to go back to the nursery? The conflict is clearest in the USSR where women's equality was one of the aims of the revolution. After 1917 women were encouraged to get jobs; now they form 51 percent of the USSR's workforce. (Ninety percent of working-age Soviet women are employed or attend school full time.)

But women are increasingly being asked to make motherhood their primary goal in life, to the point of giving up their jobs altogether. Soviet women are being encouraged to produce three children, with cash payments if they stay home for the first 18 months of a child's life.

The implications of such policies go beyond narrowing women's role in the world. Pro-natalist policies also include a thinly disguised form of racism. The attempts to foster women's maternal feel-

ings is limited to white women: in the Caucasus and the Central Asian Republics of the Soviet Union, where the birthrate remains high, the goal of three children per family is designed to limit, not encourage, population growth. In these largely Muslim parts of the USSR, contrary to Soviet teachings elsewhere, large families are declared to be as damaging to children as small ones and women are encouraged to do paid work.

A similarly racist pattern is being repeated in France and West Germany. In France, President Mitterand's worries about the falling birthrate are inseparable from his concern that his country is losing its "Frenchness." France's mainly black immigrant population has a higher birthrate than the white population. It is easy to fan fears among the white French that they will, eventually, be outnumbered by the black French, who currently form about 8 percent of the population.

In West Germany many of the strongest advocates of the baby-boom are also avid supporters of the proposals to repatriate the country's 4.5 million guest workers. Women of Turkish descent (the largest group of guest workers) have an average of 3.5 children each. But dark-skinned children are not seen as Germans by many of those in the pro-birth lobby.

—Amanda Root
The New Internationalist

Excerpted with permission from The New Internationalist (Oct. 1986). Subscriptions: \$25/yr. (12 issues) from The New Internationalist, Box 1143, Lewiston, NY 14092. Back issues: \$2 from same address.

The type of discrimination implied by this article is also present in Canadian society (see page 31). Research Canada's immigrant policies through history. How have we treated differently white and non-white applicants?

Selecting a Baby's Sex



MURASE TOSHIRO

Should parents be allowed to select their child's sex?

No. Sex selection should not be made available to parents. We should let nature take its course. Besides, sex selection will lead to widespread sexual prejudice. In some countries where customs favour male children, for example, some couples might want to have more boys.

Many say the method can prevent transmission of genetic diseases [such as haemophilia, which only hits males]. But babies still carry the genes passed on to them. So, a sex-selected girl with a haemophilic parent still faces the likelihood of having a haemophilic baby boy. Sex selection does not eliminate such diseases.

But don't parents have the right to choose their own child's gender?

I believe all people have rights, but what's at issue here is the method of sex selection. If we can find a perfectly safe and fully guaranteed way to select a child's sex, then it's another matter. But with the present method parents cannot be absolutely certain they will have a boy or girl [according to their choice]. There's still a "miss" factor. What happens when parents have paid to have a girl but get a boy instead? How will they be compensated?

Are you saying you would support a foolproof method?

Yes. But I'm also saying there is no "correct" method. It would be against nature.

But isn't sex selection safe?

So far no abnormalities or other problems have been reported. But we are still in the early stages. . . . How safe the method is can best be confirmed only after years of observation.

Should sex selection be legislated in any way?

I think the practice should be restricted to specialists. Under the present policy, the technique is used either to prevent hereditary diseases being passed on, or for research with prior approval from the ethics committees of various university medical faculties and the Japan Society of Obstetrics and Gynaecology.

Myriad problems will arise from making sex selection easily available. It's not just anyone who can treat women. Sex selection needs to be carried out by specialists who have worked in the field for years. And the method needs to be perfected.

Murase is an executive member of the board of trustees of the Japan Medical Association.



NAGAE MITSUYOSHI

Should parents be allowed to choose the sex of their children?

Yes. Japan and other Asian countries have a history of male social dominance. Many parents still want at least one male child. I've heard of tragic cases where a woman continues to have babies until she gives birth to a son. This suffering can be eliminated by the sex selection method.

Will pre-birth sex selection lead to an imbalance in sex ratios?

Many people charge that sex selection will lead to an imbalance in sex ratios, but there's little likelihood of that happening. If any imbalance occurs, it will be so small as to be negligible.

These days Japanese are having fewer children; families are smaller. No huge imbalance is likely in such a scenario. People wanting sex selection are often those who already have a number of children of one sex. They want their last child to belong to the opposite sex. In effect, they are trying to balance the sex of their families.

But wouldn't there be sexual imbalance if parents choose to have only one child and also select its sex?

In the long term, things would balance out. If suddenly there are more males than females, females will be more valued in society. This is logical. Any rare commodity is valued more. It's the same with diamonds and steel. Everyone wants more diamonds. And so more people will want girls, to the point where the sex ratio will become balanced again. This see-saw will always be moving towards a balanced sex ratio.

Is it moral to choose a baby's sex?

I would treat a parent to fulfil her, and her husband's, wishes.

Do you think controls should be put into effect if the method becomes widely practised?

Yes, I believe if any serious problems arise, then appropriate laws should be passed to tackle them.

Shouldn't the method first be perfected before parents are subjected to the risks?

I'm not satisfied with the present percentages [of safety]. These will have to be 100%. Then this method can be popularised for everyone's benefit.

Will it ever be completely safe?

Up to now there have been no abnormalities or problems.

Nagae, a gynaecologist from the Tokyo Medical and Dental University, has assisted in several sex selection experiments.

ASIAWEEK 16 OCTOBER 1987

A. Do you think that parents should be allowed to choose the sex of their child?

B. What are some of the potential problems or implications associated with sex selection?

DISCOVERIES

Choosing to Have a Girl



For many Japanese, Dr. Iizuka Rihachi's announcement came as a shock. The chairman of Keio University's obstetrics and gynaecology department reported in May 1986 that he and his colleagues had developed what they believe to be the world's most accurate method of pre-birth sex selection. The technique promises parents an 85% chance of having a baby girl. In the past year, said Dr. Iizuka, six Japanese women at Keio University Hospital had given birth to female babies using his method.

The medical breakthrough was startling enough. But what set off the real furore was that Iizuka and numerous other doctors taught by his team had been using the experimental technique for more than a year without any guidelines. Keio University's ethics committee had not even been consulted. Within a week of the announcement the ethics committee had placed restrictions on the program, and several months later the Japan Medical Association, which was also in the dark about the procedure, laid down its own guidelines. For many observers the episode proved to be yet another case of technology racing ahead while society scrambled to catch up.

When Iizuka began his research 30 years ago, his goal was to help husbands who were not sufficiently potent to impregnate their wives. He therefore worked on ways to extract the most potent sperms, which could then be used for *in vitro* fertilisation. The technique he developed involves separating X-chromosome sperms, which produce females, from male-producing Y-chromosome sperms.

The separation is done in a centrifuge: since the X-chromosome sperms are slightly heavier, they settle to the bottom of the test-tube. The female-producing X-chromosome sperms work best for fertilisation, says Iizuka, because they live longer and are more protected at the bottom of the test-tube. The breakthrough came in 1982, when Iizuka began using a new chemical, percoll, a silica derivative, to aid the separation process. Using percoll, Iizuka found that 93%-98% of sperms at the bottom of the test-tube had X chromosomes, while 85%-90% on top had Y chromosomes.

Sperm separation has been achieved by at least four other methods, but none of them have matched the high probability of success reported by Iizuka. Percoll allows sedimentation with minimal damage, says Iizuka, and it has the added benefit of washing away the AIDS virus, should it be present. The cost of each treatment: \$35.

The exact number of babies conceived using Iizuka's technique have not been recorded. Nor were there any restrictions placed on when sex selection should be used. At least six women volunteered at Keio University Hospital in 1984 to

have girls because they already had boys. In addition, nearly 50 babies were born at the hospital to women whose husbands' sperm count was insufficient for conception. Iizuka estimates that doctors at Keio continue to artificially inseminate five to six women a day with X-chromosome sperms isolated by percoll.

The Keio team has also taught the technique to about 800 gynaecologists from 60 institutes, who have formed the Sex Selection Research Association. The group's chief, Dr. Sugiyama Shiro, refuses to disclose the exact number of babies conceived using sex selection. But last year the association assisted at least 40 couples who specifically wanted female babies.

In some cases parents opt for female babies for valid medical reasons. For instance, haemophilia can only be passed on to male children. Parents with this disease, which prevents blood from clotting, naturally prefer to have a female child. In other cases women who undertook the treatment said they chose to have a baby girl "for family reasons," Iizuka estimates 70% of the letters he received about sex selection were from parents who wanted baby girls. "Times have changed," he says. "Pre-

ference for girls has risen with the elevated social status of women in Japan."

Since Iizuka publicised the procedure in May, however, the only permitted reason for using the sex selection technique is to prevent transmission of hereditary diseases. Any other use must be approved by the Japan Society of Obstetrics and Gynaecology or a university ethics committee. Otherwise, warned the Japan Medical Association, doctors face expulsion from the JMA.

Though the official response to sex selection

has been cautious, hundreds of women flocked to Keio University Hospital last year to ask about the method. Indeed, points out Murase Toshiro of the JMA's board of trustees, "Many people can't understand why sex selection won't be widely permitted when abortion is." In Japan, abortion is legal up to the third trimester of pregnancy if the mother or parents cannot financially support the child, or if the woman was raped. In 1985, the JMA said there were 550,000 registered abortions. Murase believes the actual number could be double that.

Meanwhile, the debate continues to simmer. The government has refused to be drawn into the controversy; no legislation on sex selection is even in the works. Even the JMA has not taken a moral stand. It says the ethical issues involved in sex selection are not for doctors alone to decide, but need to be broadly discussed at length within society.

"It's true that new scientific discoveries usually replace old accepted methods," says JMA's Murase. "It can't be discounted that the method could be widely used in the future so long as it remains safe." And safe it has been; no abnormalities have been reported. Adds Iizuka: "Personally I think parents with two babies should be able to choose the sex of the third." While society debates the issue, science continues to move forward.



Dr. Iizuka; sperm separation: Lingering ethical questions



Seven-year-old gymnasts in Peking: A marked imbalance in sex ratios

INFANTICIDE

China's Tragic Legacy



Some are abandoned in caves, some trussed up in sacks and thrown into a river. Others are dumped in garbage bins, forced to swallow lethal insecticide or packed in cardboard boxes and left to die in fields. Their mothers are frequently tormented, ridiculed or beaten by family. They are China's unwanted baby girls, marked for

destruction at birth by their sex.

Murder of female infants is not unknown in other parts of Asia. But in China it has had an especially long and tragic history. By the middle of this century, it seemed baby-killing in China was on the way out. However in the past decade, say observers, the frightful practice has undergone a resurgence.

According to the influential *People's Daily* newspaper, 40 baby girls were drowned between 1980 and 1981 in one county alone of eastern Anhui Province. In two counties of southern Guangdong Province, revealed the *Nanfang Daily*, 210 female infants were killed in 1982. In some instances a bucket of water was placed near the mother's bed, said the report. If the newborn was a girl, she was immediately drowned.

The root of China's lingering social evil lies in the tra-

ditional Confucian preference for a male heir to carry on the family name. In the vast countryside of 720 million peasants, only a son can be depended upon to till ancestral fields and look after parents in their twilight years. A male does not leave the family home at marriage, but brings his bride to live with him.

In the past, a couple could keep trying for a boy. But in 1979, as China's population surged towards the billion mark, the government introduced a draconian birth control law that limits each couple to one child, except in special cases. The choice confronting parents of a baby girl is stark: either adhere to the single-child policy and forego any chance of a male offspring, or get rid of the girl. In a horrific case reported in the northeastern port city of Tianjin four years ago, a man bit off part of his 8-month-old

daughter's nose. He had hoped to use a legal loophole which permits a second child if the first is deformed.

By law, female infanticide is considered a heinous crime. A Peking High Court official insists "offenders are tried and usually given lengthy jail sentences." Yet many question the system's efficiency in catching baby-killers. Critics say local family planning officials are often given bonuses for maintaining "birth quotas," and if infanticide contributes to low population figures, they keep quiet about it. "There are many reasons why the death of a little girl could go unnoticed," a Chinese population researcher points out. "Many families don't register females when they are born so as not to ruin chances of trying for a son later on."

Peking does not publish statistics on female infanticide. But by using an International norm of 106 males to 100 females, Western demographers calculated that births in China in 1981 represented an unusually high sex ratio of 108.5 males, indicating a loss of 230,000 baby girls in that year. To some extent, under-registration of girls contributed to the discrepancy. But the suspicion that China's stringent population policy was responsible for widespread infanticide prompted the U.S. government in 1985 to hold back \$23m. in aid to the U.N. Fund for Population Activities. For its part, China has denied that the practice is rampant. The U.S., says Peking population expert Xu Shaoyu, has made "a mountain out of a molehill."

ASIaweek 02 AUGUST 1987

A. China's population policy of one child per family encourages female infanticide. Do you agree with this statement? Why or why not?

B. How do you think the problem of female infanticide could be addressed and prevented without changing China's birth rate?

Quebec's New Birth Bonuses

Birth	Allowance (in Canadian dollars)
First child	\$ 500
Second child	500
Third child or more	3,000

This is the payment schedule for the Province of Quebec's new birth allowances to parents upon the birth of a new child. The allowance was instituted by the provincial government in May 1988 "to promote the family in Quebec."

Eligible families are those with children born or adopted on or after May 1, 1988. The program is specifically targeted at Quebec residents, who must be Canadian citizens or landed immigrants.

The allowance is explicitly a cash bonus for having children. It is paid automatically to qualified recipients in eight installments over two years. Payments are tax-exempt. Other pronatalist benefits announced at the same time by the provincial government: income-tax cuts and interest-free home loans for parents.

Besides its new birth bonus, Quebec also pays monthly child allowances until age 6 (\$500 a year for third births and above, less for first and second births). The provincial government estimates that the cost of such support will reach \$772 million in 1989. All this is in addition to the traditional monthly child allowance that the Canadian national government pays to parents.

With a 1988 population of 6.6 million, Quebec is Canada's second most populous province, after Ontario, and contains about 26 percent of the national population. The province is overwhelmingly French in origin and includes over 80 percent of Canada's French speakers. A strong sense of cultural heritage has fostered contention between French and English groups in Canada — an officially bilingual country. This contention culminated in the French-Quebec-separatist movement, and while a pro-separation proposition was defeated on the ballot in 1981, the issue remains very much alive.

One manifestation of this contention has been rising concern about Quebec's falling fertility. The province recorded a total fertility rate of (TFR) 3.7 lifetime children average per woman as recently as 1958. But a trend toward low fertility accompanied massive social and economic changes in the province during the 1950s when Quebec made a transition from a largely agricultural economy to an industrialized one.

As of 1988, Quebec not only has the country's lowest TFR — 1.4 — but is experiencing significant out-migration to other provinces, due in part to economic problems.

Will Quebec's cash incentives for births succeed? If the experience of other countries such as Czechoslovakia and Romania is any indication, incentives seem to successfully induce a short-term "bump" upward in fertility. After that, however, fertility tends to regress to former levels, and the impact of incentives diminishes. — A.H.

POPULATION TODAY JULY/AUG 1988

Meanwhile, The decline in the Canadian TFR to a lower level, 1.7, has rekindled that country's perennial population debate about growth, fertility, and immigration. A Statistics Canada report issued in late 1987 had noted that a continued TFR of 1.7 would require an annual immigration level of 275,000 by the turn of the century if an annual growth rate of 1 percent were to be maintained. If the TFR were to drop to 1.4, immigration would have to be increased to 325,000. The presumption of a growth rate of 1 percent is a fundamental tenet of the debated policies, one which apparently seems unquestioned. The likely diversification of Canadian society has stirred far more press discussion. All in all, it's an interesting case of a country grappling with fertility decline and its consequences. (Taken from *Demography and Immigration in Canada: Challenge and Opportunity*, Canada Employment and Immigration Commission, November 1987).

Aging trend in developing world

UNEP NEWSLETTER SEPTEMBER 1988



UPI/John Hagar

An elderly person from Madras, India. By the year 2000, according to the World Health Organization, about two-thirds of the world's elderly will be from the developing world.

ABOUT TWO-THIRDS of the world's elderly in the year 2000 will be in the developing world.

Aging populations used to be associated mainly with industrialized countries. But according to the World Health Organization (WHO), the "graying" of populations is fast becoming a characteristic of the developing countries. Demographic trends projected through

the year 2020 show that by the year 2000, the world will have 600 million people aged 60 or older. About two thirds, or 400 million, of these senior citizens will be in developing countries.

Spurring the aging trend are China and India, where, according to WHO, there will be 270 million more elderly citizens by the year 2020. The number of elderly in Brazil and Indonesia is expected to increase by 20 million by that year; increases in the elderly populations in Mexico, Nigeria and Pakistan will be about 10 million each.

These developing nations, says WHO, will gradually replace developed countries in having the largest elderly populations.

WHO adds that not only is the aged population increasing, but it is also getting older. More people are surviving to higher ages.

Contributing to the increase in the proportion of elderly population is the continued decline in fertility in many countries.

According to WHO, the top 20 "graying" nations are (in alphabetical order): Argentina, Bangladesh, Brazil, Canada, China, Federal Republic of Germany, France, India, Indonesia, Italy, Japan, Mexico, Nigeria, Pakistan, Poland, Soviet Union, Spain, United Kingdom, United States and Viet Nam. (*Depthnews Radio Feature*) □

Partners in Development Cooperation

Already most old people in most developing countries live close to or under the minimum needed to exist. And this will remain so at least for the mid-term. It must also be assumed that the status of this population group will keep deteriorating with growing modernisation, urbanisation and industrialisation. The dream of integration in the rural extended family, in which older people had prestige, status and social power, has long been over for most of them, if it ever was reality for the majority.

Especially in the large towns, taking care of older people is already overstretching the financial resources of local administrations. They live in conditions in which their basic needs can no longer be met. Not only are they malnourished or under-nourished, but they are also housed extremely poorly, have no or inadequate medical care, are illiterate, unemployed, uninformed and edged out of society.

The social disintegration of older people will worsen in the decades

In 1980 there were 371 million people in the world aged over 60.

In the year 2000 the world population of over-60-years-olds will be 596 million. Of those, 39 per cent (234 million) will live in industrial countries and 61 per cent (362 million) in developing countries. Over this period the percentage of older people will rise from 15 to 18 per cent in the industrial countries, from six to eight per cent in developing countries. Although birthrates in Third World countries remain high, the relative growth of the older population there will be between 120 and 130 per cent over the next 30 years. This makes plain how within a short period there will be enormous growth of a population group for which the developing countries are not prepared.

ahead. This is due mainly to an increasingly negative image of age spreading in developing countries, as elsewhere. Only in regions with traditional, mostly agrarian social structures, old people still have a high status, prestige and power and find care and affection.

The threatening degradation of an ever larger proportion of the world's older population led to the convening of the 1982 UN World Assembly on Aging in Vienna. It is indicative that it was developing countries in particular who had wanted the conference. This spectacular event for a brief moment put the spotlight of world interest on the situation of the old.

The principles and recommendations in the so-called "Vienna International Plan of Action" not only address the problems and special needs of the older population but also emphasise their abilities and possibilities in efficiently contributing to the development of their countries. They point further to the unfavourable socio-economic effects if the potential of the old

con't on next page

der population is not used. It is emphasised that they are important bearers of cultural norms and value-systems of their societies and that for this reason their contributions must be harnessed to national development planning. The Vienna paper urges further that teaching programmes should be promoted in which older people could have the role of teachers and transmitters of knowledge, culture and spiritual values. The action plan also warns that restriction to humanitarian efforts will turn older people into a growing, relatively passive and disillusioned population group.

It is astounding and depressing that this population group has so far been ignored in development policy, both in conceptual approaches and in specific programmes. It plays no part, either, in the "Guidelines on Development Policy" of the Federal Government (in Bonn). Not even the volunteer services, which feel especially committed to the underprivileged population groups in the developing countries, or the Senior Experts Service, have concerned themselves with the older people in the developing countries. This obvious neglect is all the more surprising because the old are covered by those criteria of development policy oriented to meeting the basic needs of the especially needy of the world. On the other hand they comprise precisely that group which must be regarded as an important partner of development policy since attention to the "cultural factor" has again moved into the spotlight. For, the older population, 71 per cent of whom live in the countryside and 81 per cent of whom are still active farmers, very strongly represent the norms and values of traditional cultures.

Thus the role of the older population expands from that of a target group to one of active partnership and beyond that to helper and informant. The old people possess the knowledge of cultural contexts and cultural techniques which can be of decisive importance to a development aid project which must take socio-cultural conditions into account. Knowledge of medicinal plants, knowledge about storage and conservation of food without chemicals, production of inputs from local materials, knowledge of economic techniques such as animal power gear technology and much else have grown increasingly important in practical development aid in recent years. There is no doubt whatsoever that the presently reduced participation of the older population is leading to much important knowledge and many techniques being forgotten. Especially in the promotion of rural de-

velopment and the search for appropriate technologies older people are valuable educators, transmitters and trainers.

Why the old have been neglected

There are various reasons why the older population has played so little a part in development policy:

1. Both in industrial and in the developing countries very little is known about the worsening of their situation. In the North, this is because there are very few reliable studies on the situation in the Third World. This research gap is still being filled for the time being by ethnologically-oriented reports which reproduce the romantically distorted view of the integration of older people in the extended family. On the other hand, the governments of many Third World countries, apparently for political reasons, tend to hide the real conditions. The less they are able to recognise the real misery of their older citizens, the less readiness there is to incorporate them in national development plans.

2. In contrast to other population groups such as children, women or the young, the older people in the developing countries have no "lobby" and no efficient forms of organisation and can therefore have no effective voice to state their needs and interests. For the same reason they cannot press for their wishes through the political parties. All this has, after all, only existed for a few years in industrial countries. In many developing countries the older population is a "forgotten" population group which one hardly needs to take notice of.

3. Finally, the widespread neglect of the older population in development policy is based, too, on the worldwide negative image of older people. It rests on the so-called deficit theory which assumes that it is a law of nature that efficiency, endurance and ability to learn decline with advancing age. This is contradicted by newer social gerontology which has by and large disproved the deficit theory with empirical evidence. It has identified physical, mental and social competence at higher age and was able to prove that efficiency and behaviour deficits set in for reasons which have nothing to do with calendar age. But this is not yet common knowledge. There is a "cultural lag" in everyday experience and scientific research. All decisions and planning relevant to the older population continue to start from the deficit theory

The necessary integration of the older population in development policy measures does not mean a special development policy for older people. The plea is simply to give due recognition to this population group, its specific situation and its special needs as a part of the overall population and to stop the process of its marginalisation. Obviously, the governments are not to have the responsibility for their older population taken of them. The issue is only to plan projects in such a way that this population group, too, is taken into account and that own efforts of the developing countries should be supported.

This is not an argument in favour of uncritical preservation of traditions. This, too, would correspond to a wrong stereotype of older people, namely that they cling rigidly to inflexible ideas. On the other hand, we have also abandoned the notion that development and preservation of traditional cultures must be opposites. A development policy perceived like this cannot exclude the older population.

Recommendations

If consideration of the older population is not to lead to enormous humanitarian efforts in future, or be limited to them, possibilities of integrating them in development policy programmes must be more seriously sought and practised than up to now.

At least the following measures are possible:

- Initial evaluation of existing development aid projects and the search for possibilities of greater consideration for older people. From case to case it may be possible slightly to alter a project concept to make participation possible. These measures should be particularly successful in projects of the volunteer services.

- Stronger signals to the partners in the developing countries that the older population is definitely considered a target group of development aid.

- Inclusion of the subject of aging in the training programmes for development aid personnel.

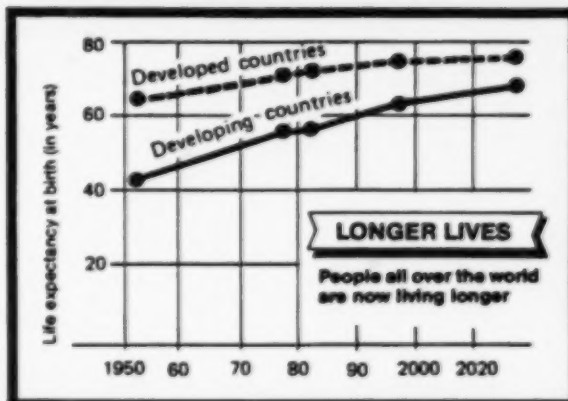
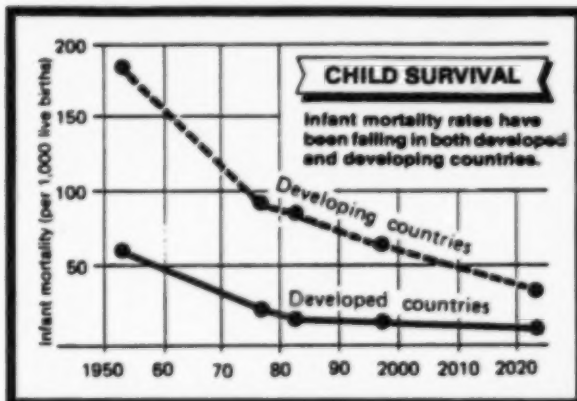
- Longterm conceptual adaptation of the principles and guidelines on development policy, with specific identification of the older population as a target group of development aid. ■

DEVELOPMENT & CO-OPERATION #3 1988

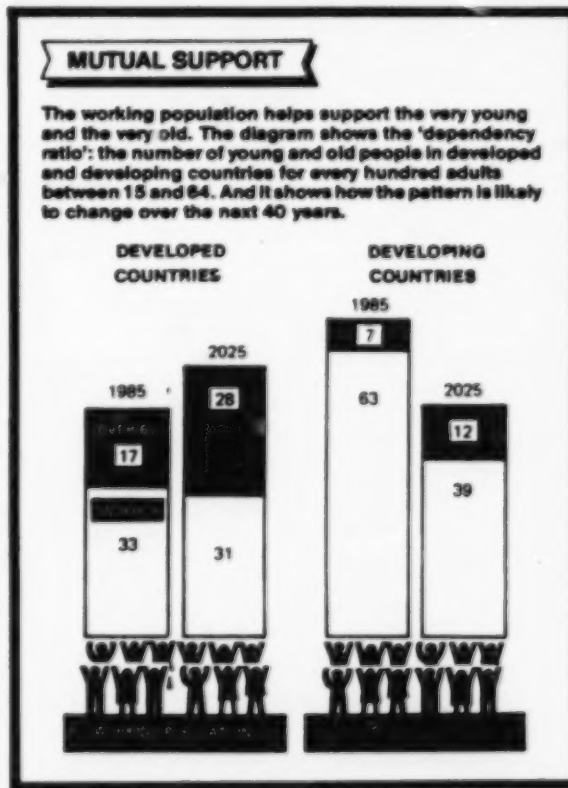
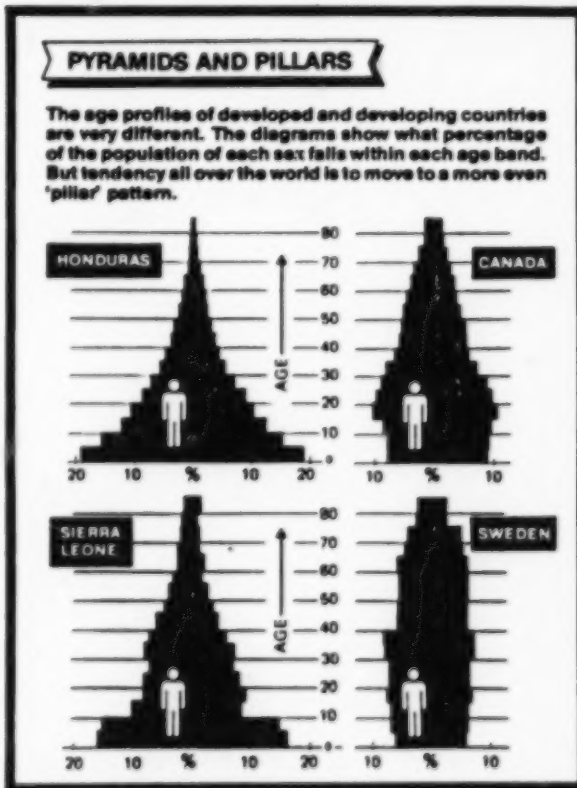
What do you see as some of the potential problems which face a society that has a growing population of elderly people?

A new age

As health standards improve all over the world, more and more children are surviving to adulthood and adults are living longer – according to the 1987 'State of World Population Report' from the UN Fund for Population Activities. That is good news all round. But there are costs. Developed countries must now consider how to support the health needs of an aging population. And the developing countries have to find work for a larger proportion of young adults.



Source: UN World Population Prospects



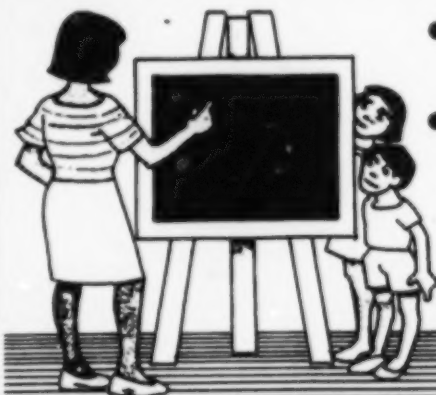
UNFPA STATE OF THE WORLD POPULATION REPORT 1989

WOMEN

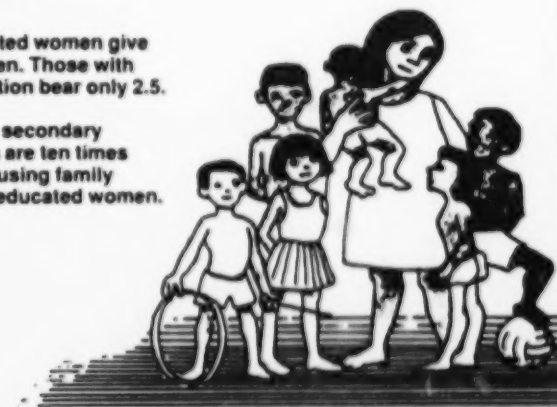
Lessons in life

A woman's education is the single most important factor in determining how many children she bears and whether they survive.

EDUCATED WOMEN ... have fewer children



- In Brazil uneducated women give birth to 6.5 children. Those with secondary education bear only 2.5.
- In Liberia women secondary school graduates are ten times more likely to be using family planning than uneducated women.



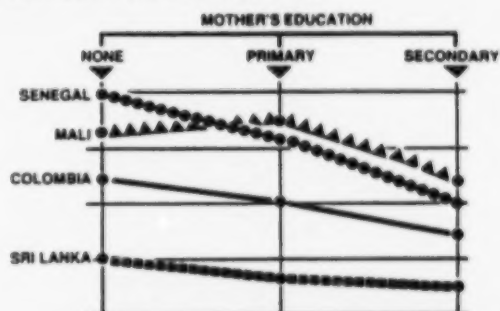
CHILDREN ... of educated women live longer

- Four to six years of mothers' schooling reduces deaths of children in their first 12 months by as much as 20%. Every additional year of education causes a drop of up to 9% in deaths of children up to the age of six.
- A 1% rise in women's literacy is three times more effective in reducing child mortality than a 1% rise in the number of doctors.



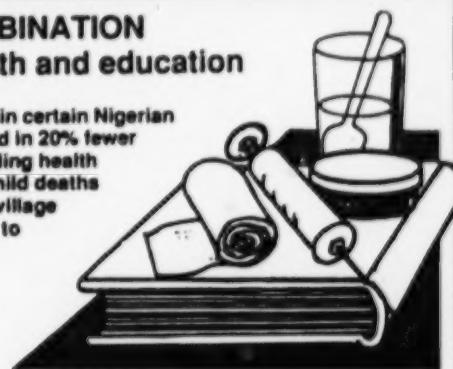
CHILDREN ... of educated women are healthier

PERCENTAGE OF CHILDREN AGED 0-5
WITH DIARRHOEA IN THE LAST TWO WEEKS



CRUCIAL COMBINATION ... health and education

- Educating mothers in certain Nigerian villages has resulted in 20% fewer child deaths. Providing health facilities reduced child deaths by 33%. But when village women had access to both health and education child death rates plunged by 87%.



Third World women battling bogus policy of overpopulation problem — researcher

By Holly Nathan
Times-Colonist staff

For a Third World woman like Farida Akhter, birth control is an instrument of population control, not of control over her own body.

Akhter, executive director of Policy Research for Development Alternatives in Bangladesh, said in Victoria this week Third World women are victims of a bogus policy aimed at the overpopulation "problem."

"The West would have us believe that overpopulation is causing starvation.

"So we blame ourselves — we are poor because we are too many. But there is no population problem. We are poor because of the terms of trade between the Third World and the West and because of food distribution policies."

She said women in Bangladesh are bombarded with IUDs — which were overproduced in the West — Dalkon shields, and other birth control methods from aid agencies representing business interests.

"Many women lost their lives because of the Dalkon shield," she said. "And most of these contracep-



■ FARIDA AKHTER takes a moment to enjoy blossoms at UVic.

tives are designed to the body standards of Western women.

"Birth control should be the right of choice for women, not used as a method of policy control by the West."

Akhter said the best contraceptive would be the liberation of women.

"We have had population control programs here for a long time, but it is not solving the 'problem'.

"In the last 25 years, the program has not been accompanied by social and economic development and the birthrate has not declined at all. It has maintained a 2.4-per-cent increase every year.

"Population is a class question. When we say population is a problem, we are saying poor people are more than they should be. It's a racist, eugenics policy. There is concern the Western class is growing less and less."

She said countries like Bangladesh in fact have enough food to feed their own people.

"There is a policy in the United States called Public Law 480 which allows surplus agricultural products such as wheat to be sent to the Third World so that the U.S. can regulate prices in its market.

"But for us to get the food, we have to have a food deficit.

"In Bangladesh, it is political starvation. There is an inequality of food distribution. The system is not functioning in favor of the people."

Akhter is one of six Third World women on a cross-Canada tour with the non-profit international development agency Inter Pares (Women Working for Change). They will be meeting with Canadian women's groups to exchange ideas.

The tour began in Victoria this week and will end May 27.

A. According to Farida Akhter, what are the contributing factors to poverty in the Third World that are often blamed on overpopulation?

B. In many Third World countries population programs are often funded by Western countries (see page 20). How do you think this would affect which programs are emphasized? If overpopulation is not necessarily the problem what is?

The connection between population control and women's status

In order to solve the population problem, Betsy Hartman, author of *Reproductive Rights and Wrongs* (Harper & Row, 1987), says we must first create social policy that guarantees the basic necessities of food, shelter, health care, education, employment, and social security to all people. Hartman proves that the equitable distribution of resources can itself often lead to lower birthrates, even when the gross national product per capita is low.

Take Cuba. Shortly after the 1959 revolution the birthrate was 35 births per 1,000 people. Today it is 17 per 1,000, only one higher than the U.S., though Cuba's per capita income is one-tenth as high. Why? The lowest infant mortality rate in Latin America, a life expectancy only two years less than the U.S., high employment, widespread adult literacy, and only modest income differentials between rich and poor. Although sexism is still strong, women are much more emancipated than in most other Latin American countries.

Even in countries that have not undergone the revolutionary transformations of Cuba, the achievement of social reforms and the accompanying elevation of the status of women have resulted in population reduction without forced fertility control. Until recently, free supplemental rice rations, job and old-age security provisions, progressive taxation, and free health care and education, coupled with widespread female employment and late marriage, caused Sri Lanka's birthrate to drop 20 percent between 1965 and 1983. More than half the married women of reproductive age use some form of contraception. Yet the per capita income in 1983 was only \$330.

In contrast there is Indonesia, the fifth most populous country in the world. Its government, working with the U.S. Agency for International Development (USAID), hopes to reduce its current birthrate from 30 to 35 per 1,000 to 22 per 1,000 by the beginning of 1991. Much of the effort involves government coercion, along with active denunciation of traditional birth control methods such as withdrawal and abstinence during periods of breast-feeding. In



one district of East Java, according to Hartman, a civil servant was threatened with the denial of his salary if his wife refused an intrauterine device (IUD), even though the couple had successfully used traditional methods for four years. In other areas schoolteachers were told that salaries would be withheld if they could not produce certificates of participation in official family planning programs. In a Pati village, women were threatened with large fines if they became pregnant.

"At the same time that the official family planning program pushes the pill and IUD, an adequate health infrastructure does not exist for the treatment of side effects, routine checks of women with IUDs, or long-term monitoring of hormonal contraceptive users through cervical smear tests for cancer," says Hartman. She maintains that primary health care has suffered since Indonesia's emphasis shifted to population control.

What, then, is needed to give women actual power over family planning schemes? As a start Hartman advocates programs that insure maternal and child health and reduce the rate of infant mortality. Second is the need to provide material improvements in people's lives: income and land distribution, employment and social security, mass education, and improvements in the position of women, including accessible health care and comprehensive family planning services.

—Eleanor J. Bader
The Guardian

Excerpted with permission from *The Guardian* (Sept. 16, 1987). Subscriptions: \$27.50/yr. (46 issues) from *The Guardian*, 33 W. 17th St., New York, NY 10011. Back issues: \$1.25 from same address.

Netherlands: Anna van Acker

by AMANDA ROOT

MYRA van Acker walks barefoot across the thickly piled carpet of the nursery to pick up Anna for her seven o'clock feeding. The baby is placed in a plastic crib in the kitchen, and the breakfast table is laid: cheese, salami and crispbreads with freshly made coffee. From the window you can see the canal that runs in front of their Amsterdam house—and hear the electric hum of the trams plying the main street.

"I was quite relaxed about having the baby. But Paul, my partner, couldn't sleep at all the night before. He was really worried about the whole thing, frightened that something might go wrong.

"But having a Caesarian with an epidural is the perfect way to have a baby—except for maybe the natural way. But with the injection into my spine I felt nothing. I wasn't asleep either: I would see everything. I asked the doctor: 'When do you start?' He said: 'Wait one minute,' and the next thing I saw was my child crying.

"It's nice to have had a girl because I feel as if I can encourage her to develop as much as she can. It's easier to bring up girls as most of all they need encouragement. Boys need disciplining and that puts a lot of pressure on the parents.

"I hope to spend as much time as I can with her," says Paul. "I'd like to share child care when I'm not working. But her mother will always tend to take responsibility just because they will be together much more. I'd hate to be an absentee father—someone who doesn't know what is going on in her life."

Paul's disappearance downstairs—at nine o'clock sharp—to his dentist's practice means that Myra begins her morning chores: loading the dishwasher with crockery, putting dirty clothes in the washing machine and running upstairs to fill the baby bath. The bathroom has a vast assortment of lotions, powders, disposable nappies, tubes of cream, plastic mats, shampoos and nail scissors—all specially for infants—plus a well-fingered book on bringing up babies.

"I'll probably stay at home now," says Myra. "I want to look after her myself. And I don't want to have another baby soon because I wouldn't

want them competing for my time."

Myra washes her child, takes a bath herself and goes out shopping. The baby buggy is wheeled down the road, past the brightly painted narrow boats on the canal and around a flat and wind-swept municipal park. She hurries: it is biting cold, and she doesn't trust Anna's fashionably padded baby suit to keep her warm. Then she heads home to give the baby another bottle, change her diapers and creep around the house hoping her daughter will sleep while she prepares supper.

By the time Paul returns at six o'clock, a meal of chowder soup, cheese crepes, green salad and wine is waiting. He plays with Anna while Myra lays the table in the living room. Myra has not spoken at any length to another adult all day and is eager to talk, but he is tired and would rather relax and read the paper.

"I'd like Anna to grow up healthy," says Myra, "not to be ill. That's the main thing. And I'd like it if she had brains: if she didn't have problems at school. But we don't want her to follow convention—or to do what we expect—we'd like her to do what suits her."

"She'll go to school when she's three," says Paul, "just for three or four mornings a week. I don't think one parent should have to look after a child all the time. It limits their horizons too much. This will give Myra some time to have for herself, away from the baby. I think that will be very important for her sanity."

About 180,000 babies are born in Holland each year. This number keeps the country's population almost steady, and the Government says it has no opinions of any sort on the size of the population. Around 40 per cent of deliveries are at home—one of the highest percentages of home births of any Western nation. Contraception is available free of charge in Holland to people irrespective of their marital status.

Myra had been taking the pill for eight years and before that used an IUD. But then she had tried unsuccessfully for two years to have a child.

"The doctors thought I was infertile—so to have a baby now is almost miraculous." ●

Bolivia: Eva Sanchez

by SUSANNA RANCE

"I PRACTICALLY gave birth on my own, squatting on the bed in our room," says Marta Sanchez. "Only my husband Bonifacio was with me. When my little girl was born she cried right away; my husband cut the cord and bathed her and wrapped her up."

The Sanchez family lives in Tacachira, a farming community at an altitude of 12,000 feet on the Bolivian *altiplano*. They occupy one of four rooms surrounding a mud yard. Bonifacio's two brothers each has one of the other rooms, and the fourth serves as a kitchen. The house has no running water, electricity or sanitation. A low wall around the yard opens out directly onto their farmland, and you can see the purplish-brown Andean ranges on the horizon.

"When my daughters grow up I want them to study and live in the city," says Marta. "Here the young people don't care about studying; they just think about the animals."

Eva's early years will be spent largely in the family's room and the adjoining yard. She will sleep with her mother until she has been weaned from the breast at around 15 months. For her first year she will be carried constantly on her mother's back, swaddled so tightly that she will not be able to move her arms or legs. Later she will be bound more loosely and will be able to peer out and play with her mother's braided hair. When Marta goes off to sell milk Eva will go too, jogging against her mother's back as she visits her regular customers.

"When we got married," says Bonifacio, "we thought we'd have just three or four children. I've seen families have lots of kids and they suffer because the parents don't earn enough to support them, for

their education, to buy them clothes, their school materials. They can't be bothered to study. Their minds aren't equipped for it because they are malnourished. If a child isn't nourished it won't want to go to school and pay attention."

Bonifacio works voluntarily at the local health centre. He has acquired some knowledge of the rhythm method of family planning. Marta is unclear how it works. They have attempted using this method since being married, but have had three children in four years. Eva's arrival was unplanned, and Marta says they did not "take care" the month she was conceived.

Eva is fortunate living in a community where they are organizing to improve standards of health. They have their own form of health insurance, whereby each family contributes 100 pounds of potatoes yearly to the local parish hospital and in turn has the right to preventative care and medical treatment.

Bolivia has a very low population density—six people per square kilometre. Government policy neither encourages nor prohibits family planning. Only 24 per cent of adults use any form of contraception—mostly natural methods such as rhythm, abstinence or breast-feeding. However, the country has one of the lowest standards of living in Latin America and a high infant mortality rate. So the challenge to provide health and other services to a population which will increase by 50 per cent by the year 2000 is a considerable one.

"Really, we wanted the baby to be a boy," says Marta. "My husband was sad; he wanted a son to keep him company. But I don't want to have any more children. We've got no money and life is so expensive." ●

UNFPA NEWSLETTER MAY 1987

Kenya: Mathenge Mucheru

by VICTORIA OKUMU

"CITY LIFE is too hard-going and unpredictable," says Timothy Mucheru, holding his new son Mathenge in one of the bedrooms of his small apartment in Nairobi's Ngara Estate.

"You can't say what will happen in the future. Children will do what they want in life. It is not for us to say."

His wife Alice agrees, but she adds: "It would be good if Mathenge could become a doctor and help pregnant women who have the same kind of complication as me."

Alice's "complication" is that her pelvic loop is narrow, so her three previous births had all been Caesarians. "I was exhausted when I got to the hospital. But I was happy because I knew it was my last child: the last time the doctors and nurses there would see me."

Nairobi's Pumwani Maternity Hospital is often overcrowded—sometimes with two or three patients to a bed. But it is clean and efficient. And it is the only hospital in which poor people can be assured of getting full medical care for a fixed fee of just \$8.

"I have always had confidence in the doctors there," says Alice. "They have helped me get children when I know that other mothers cannot have them, or have died in childbirth."

"I was a bit disappointed," she says,

"when they told me it was a boy. I had wanted a girl. But still a boy is alright, a baby is a baby."

Baby Mathenge will grow up in a city centre where many families share the same house. To maintain their privacy people prefer to keep to themselves—often not knowing their neighbours. Children though, as anywhere in the world, tend to mix more freely—usually rushing back home again if their parents appear.

The Mucheru family live in a first-floor, two-bedroom apartment. "We're lucky," says Timothy. "Because we have been living here since 1977, the landlord cannot put us out to convert the house all to single rooms."

But Timothy would really like the family to move back to their home village—while he stays working in Nairobi. "It is much cheaper and more relaxed in the village there. That way we would reduce costs and increase our standard of living. My wife and children would develop the farm while I can stay here as an employee and perhaps start some business venture."

Whether they live in the city or the countryside, the Mucherus believe that good schooling is the key to their children's future. "I would prefer them to go to a better school than the one



The Mucheru family of Kenya with baby Mathenge.

here," says Timothy. "I want them to have the best education I can afford—that's the key to a better lifestyle."

But even people with university degrees can go for years without finding work—there are too many educated people in Kenya chasing too few jobs. Kenya has one of the highest population growth rates in the world—4.1 per cent per year. So the Government has been intensifying public education on family planning. And they have had some success. The number of women using contraception has gone up from six per cent

in 1984 to 14 per cent today.

But for the Government and for individual families, the pressure of numbers remains. The Mucherus do not feel they can support any more. "You have a lot of emotional attachment to the children," says Alice, "after suffering so much to bring them into the world. You love them more and are closer to them because of the suffering."

"But I would not like another child—even if it were a normal birth. Inflation is too much. Bringing these children up is no joke."

India: "Pinky" Singh

by NEERJA CHOWDHURY

PINKY now seems stuck with the name "Pinky". This is what the local children call her—though her parents have yet to name her.

Bimala and Baleshwar Singh live in a shack made of mud, rags and discarded pieces of tin and wood—one of hundreds nestling at the foot of the massive Jawaharlal Nehru stadium in New Delhi. Baleshwar Singh earns about \$70 a month as a daily labourer with a transport company. Pinky, who was born in the hut, is their fifth child.

"The pains started at night," says Bimala. "It must have been around 10 o'clock and they continued for three to four hours." She lay there on the mud floor in the winter night, moaning softly, crouched foetus-like to ward off the pain.

Her husband slept by her side after a

long day at work. It was only when the pain became unbearable and Bimala started screaming that her husband woke up and rushed to a neighbour's hut to seek the help of Basanti Devi, a mother of four who has some experience of childbirth.

"When I entered the hut, there was total darkness inside. The baby had already been born," Basanti says. "I cut the umbilical cord with a blade and sat with Bimala till daybreak when we heated some water and bathed the baby."

"Yes, I have heard about hospitals," says Baleshwar. "But I do not see any need for a hospital when there is a perfectly adequate way of having the baby at home." Basanti Devi, he says, is "an artist" in the field. And in any case, a hospital visit would have cost him not less than Rs 500 (\$US 45), something he could ill-afford.

The infant, wrapped in a faded shawl, sleeps contentedly in her mother's arms. They sit in the sun outside the hut, the child smiles in her sleep from time to time. "She is dreaming," says Bimala.

What are Bimala's dreams for her?

"What can I think?" She giggles, amused by the strangeness of the question. "Her fate will decide what she will become." Then she shrugs her shoulders. "I hope we can feed these children. There is only one earning member in the family and so many mouths to feed."

Baleshwar Singh is more forthcoming about Pinky's future. "Every parent wants to educate his children so that they can earn a living, maybe even become a doctor or an engineer," he says, looking at one of his young sons. "Why do you think I slog for 12 to 14 hours a day? The future of my children depends on how much I can earn today."

Every morning Bimala wakes up at five, cooks, sends her husband off to work, feeds her children before they go to school and turns to the endless domestic chores. When Pinky is older, Bimala would like to work again on a construction site—though like so many women she would have to leave her baby lying on a cloth as she carried headloads of bricks.

Is she happy to have had a daughter? "I am happy with the child and I would have been happy without her also." She says that really she had not wanted any more children. But her husband was against the idea of a tubectomy, saying it would make her "weak".

They do not practise family planning. "I will have a dozen children if I so desire," says Baleshwar Singh. I have saved Rs 7,000 (\$US 580) during the last 10 years. Who is anyone else to interfere in this matter?"

The Indian Government wants to reach

"zero population growth" by the year 2050—by which time the country's population is likely to be 1300 million. During the last 10 years, family planning has been offered as part of a package of health services aimed particularly at improving the health and nutrition of the mother and child.

But it is clear that the Government will have to enhance the status of women. As women become increasingly literate, statistics show that they marry at an older age, the birth rate declines and so does the rate of infant mortality. At present female literacy in India is only 25 per cent, compared with 47 per cent for men.

Women like Bimala will have to have a greater say in deciding how many children to bear if the Government's family planning programme is to make any headway.

UNFPA NEWSLETTER MAY 1997



Baby "Pinky" is the newest addition to the Singh family of India.

The young mothers

With the world's teenage population set to grow from 936 million in 1980 to 1,147 by the end of the century it is becoming increasingly important that young people are reached by family planning advice and services.

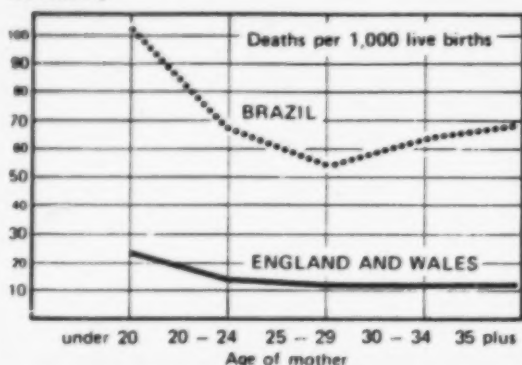
MARRYING EARLY

The earlier a woman marries, the more children she is eventually likely to have. Customs on marriage age vary greatly around the world. The figures here show the percentage of women in the 15 to 19 age group married in different countries.



BABIES AT RISK

Children born to very young mothers are less likely to be healthy.



SCHOOL IS OUT

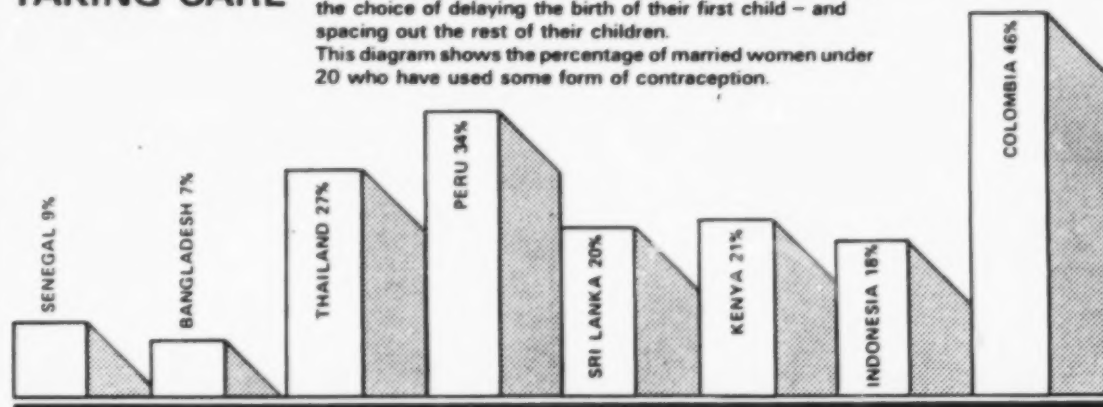
Of women aged 15 to 19 in Africa and Latin America over 10 per cent have children each year. Such pregnancies often mean they have to leave school and are unable to get jobs because of their lack of education.



TAKING CARE

Young women who can use family planning methods have the choice of delaying the birth of their first child - and spacing out the rest of their children.

This diagram shows the percentage of married women under 20 who have used some form of contraception.



Investing in women will be the key to the future

Slower population growth in developing countries and economic progress without irreversible damage to the environment will depend on investment in women, including health care, family planning services, education, and better-paid employment outside the home, according to the 1989 State of World Population Report, by Dr. Nafis Sadik, Executive Director of the United Nations Population Fund (UNFPA).

In many countries, women have few choices apart from marriage and children. They tend to have large families because that is expected of them, says the Report. At the same time, they are responsible for food, fuel and water. They spend many hours in productive but unpaid and unrecognized labour. They also take an important but equally unrecognized part in the money economy. This 'invisible' work is as important as the visible part of what women do, the Report states.

The Report says that the results of ignoring the needs of women include: uncontrolled population growth, high infant and child mortality, a weakened economy, ineffective agriculture, a deteriorating environment, a divided society and a poorer quality of life for all.

Currently 5.2 billion, world population will increase by over 90 million each year until the end of the century. All but six million of each year's increase will live in developing countries, says the Report. The population at the end of this century will be about 6.25 billion; about 8.5 billion by 2025. It may stop growing at 10 billion, about double its present size, perhaps a century from now.

To secure the projected drop in fertility, the number of women using family planning will have to rise to 730 million (58 per cent) in 2000 and finally to 1.2 billion (71 per cent or the present level in industrial countries) by 2025. In sub-Saharan Africa this would mean a ten-fold increase in family planning users by 2025.

If this does not happen, population will continue to increase, by larger numbers and for longer. The eventual total could be as high as 14 billion, the Report says:

'These figures alone, and their implications for the global future, should be enough to make it clear that the population crisis is a matter for action now, not next century. By then it will be too late.'

The Report argues that when children cease to be the major source of women's status, women have smaller families. The most effective route to smaller families is to provide women with the means of social and economic self-determination: full rights in the family and society, access to income and career development, education and health care, and a real say in the decisions that affect their lives - of which one of the most important is family size.

The Report calls for increased investment in women by governments. This includes health care and family planning, education, granting women equal access to land, to credit, to rewarding employment - as well as establishing their personal and political rights.

'Making the necessary changes means recognizing women not only as wives and mothers, but as vital and valuable members of society. It means that women themselves must take power in their own hands to shape the direction of their lives and the development of their communities. It means rethinking development plans from the start so that women's abilities, rights and needs are taken into account at every stage - so that women's status and security is derived from their entire contribution to society, rather than only from child-bearing,' says the Report.

con't on next page

'The extent to which women are free to make decisions affecting their lives may be the key to the future not only of the poor countries but of the richer ones too.'

The Report makes a number of recommendations for action to Governments, international and non-governmental organizations. Among them are:

- * Review the legal system to remove barriers to women's full participation in society and the family on an equal basis with men, and eliminate the legal basis for discrimination.

- * Educate both men and women at all levels, starting in the school system, to accept the principle that women and men are equal in value and have equal rights in society and the family.

- * Promote women's access to decision-making and leadership positions in government and private sector and ensure women's involvement in design and implementation of programmes affecting women.

- * Make family planning a development priority, ranked alongside major economic investments, and with an allocation of not less than one per cent of GNP in the countries concerned.

- * Establish and enforce laws of equal pay for work of equal value and repeal all laws and practices preventing or restricting women from owning and administering productive resources.

The Report also lists a number of specific goals for the year 2000, including:

- * Extend family planning services to 500 million women.

- * Increase international assistance for family planning programmes from \$0.5 billion to \$2.5 billion per year.

- * Reduce maternal mortality by 50 per cent.

- * Reduce infant mortality to 50 per 1000.

- * Expand girls' enrollment in primary school to at least 75 per cent. In countries where girls' enrollment is particularly low, ensure that the ratio of girls to boys in primary school is at least 4:5.

- * Expand girls' enrollment in secondary school to at least 60 per cent by the year 2000. In countries where girls' enrollment is particularly low, ensure that the ratio of girls' to boys in secondary school is at least 3:5.

- * Increase women's literacy so that at least 70 per cent are able to read and write.

'Investing in women is not a panacea. It will not put an end to poverty, remedy the gross inequalities between people and countries, slow the rate of population growth, rescue the environment, or guarantee peace. But it will make a critical contribution towards all those ends. It will have an immediate effect on some of the most vulnerable of the world's population. And it will help create the basis for future generations to make better use of both resources and opportunities,' the Report concludes.

UNFPA STATE OF THE WORLD POPULATION REPORT 1989

In order to produce meaningful changes in the birth rate which do you feel should be addressed first: increased economic growth and assistance for Third World countries; or greater educational and employment opportunities for women? Why?

PUNCHLINE

BY @CHRISTIAN

WE HERE AT THE FAMILY PLANNING CENTER...



THOUGHT YOU WERE PLANNING TO HAVE JUST TWO OFFSPRING!



I Do.



BUT ACCORDING TO YOUR FILE YOU HAVE SIX CHILDREN!



4 WILL PROBABLY DIE OF DISEASE BEFORE AGE 5...



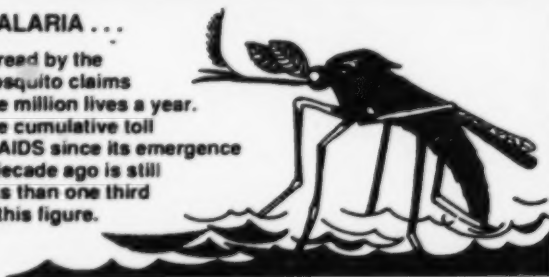
**AIDS
AND
POPULATION**

AIDS – The rising toll

A total of 120,000 cases of full-blown AIDS from 138 countries were reported in October 1988. At least 200,000 cases are thought to exist worldwide. And research shows that half the babies born to HIV-positive mothers will be HIV-positive themselves. This only adds to the problems faced by women in those countries where infection is most prevalent. But compared with other diseases the AIDS toll is still very low.

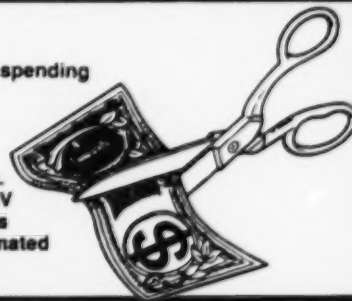
MALARIA ...

spread by the mosquito claims one million lives a year. The cumulative toll of AIDS since its emergence a decade ago is still less than one third of this figure.



POVERTY ...

and cuts in health spending were responsible for a third of a million child deaths in Africa during 1988 alone. By comparison HIV infection of infants since 1980 is estimated at just 80,000.

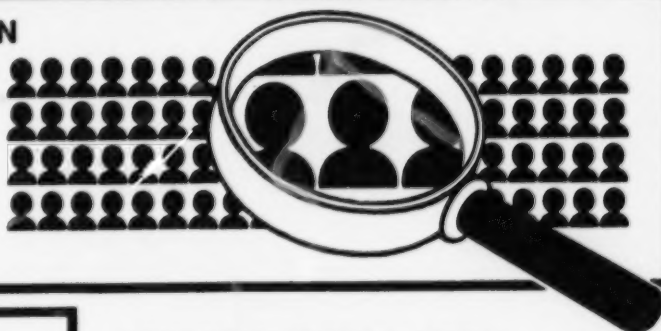


AIDS – ROUTES OF TRANSMISSION

Via semen, blood, infected blood products, placenta

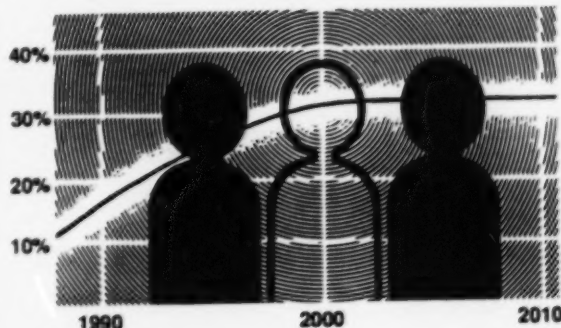
AT HIGH RISK

- Children born to infected mothers
- Users of intravenous injections
- Male homosexuals
- Sufferers of genital infections or injuries



FUTURE PATTERNS

- Between 5-10 million people are carrying the HIV virus. Most are expected to develop AIDS itself within the next eight years.
- AIDS is following a 25-year course, experts say. The infection rate is set to rise steeply to peak after 15 years. Assuming no cure is found the upward trend will continue – but more slowly, stabilizing over the subsequent ten years.
- In Uganda 10-15% of the population is thought to be HIV-positive. The rate is expected to double by the year 2000, with one in three adults infected.



EFFECT ON POPULATION

- More deaths – but more births too. Total population is predicted to grow even in countries where one in three adults is infected.
- A typical Central or East African country with a population growth rate of 3% a year would have this rate reduced to 1.9%. But this would be due to more deaths – not fewer births.



AIDS and the nations of the South

JUST before the self-denial of Lent every year in Brazil, there is the carnival. Principally in the cities of Salvador, Olinda and Rio de Janeiro, the pulsating samba music catches the spirit of hedonism, engulfing the dancing, drinking and of course fornicating celebrants in five days and nights of wildness.

The flip side of the same coin is that the country, the 'sex capital' of Latin America, is afflicted with a burgeoning AIDS epidemic. By September 1986 there were 841 confirmed and 262 suspected cases of AIDS, with the greatest incidence in Bahia, Rio de Janeiro and Sao Paulo states.

A random sample found AIDS antibodies in between 2.4 and 2.6 per thousand Brazilians in Sao Paulo and Rio (compared with 1.49 per thousand among US military volunteers). Brazil does have a national AIDS committee, but this has not been noticeably active. And a number of private and State hospitals are reported to have been refusing to treat AIDS patients. Although 92 per cent of infected Brazilians are gay or bisexual men, there is evidence that the initial reaction of fear of AIDS in that community has been dissipated. Uninhibited sexuality is the dynamic likely to spread the virus more and more widely into a population already seriously weakened by ill-health and malnutrition.

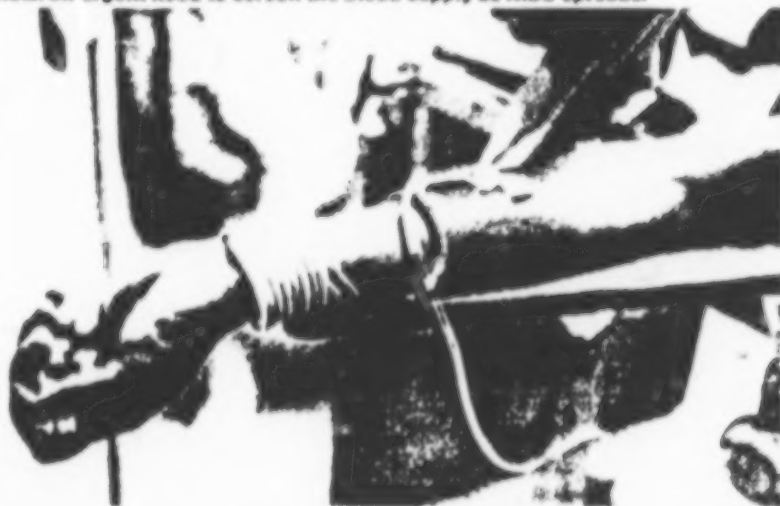
In the Caribbean there were, by June 1986, a total of 511 cases, 273 of them in Puerto Rico alone. This latter figure included a high 'second generation' spread, i.e. the heterosexual partners of drug addicts, and the children of seropositive women. Thirty per cent of drug-addicted women who finance their habit from the proceeds of prostitution were found to be seropositive.

It is significant that the first AIDS cases in India appeared among poverty-stricken women working as prostitutes in order to support their families. Having gained a foothold among India's 750 million people,

AIDS is now entrenched in virtually every country of the Third World, where resources to fight the disease - either through education campaigns, medical treatment or research - are at their most limited. Enver Carim and Graham Hancock chart the frightening spread of the virus and conclude that in the world's poorest continent, Africa, a disaster of biblical proportions is looming.

the virus is set to spread rapidly throughout the subcontinent. Part of the reason is that over 50 per cent of the country's blood supply comes from desperately poor people who sell their blood to survive. They are precisely the people who are, according to Dr Handattu Venkataraman Hande, Health Minister of Tamil Nadu, a high-risk group. 'The first and most urgent need for us is to screen the blood of paid donors. There are about 150 places in the State where blood transfusions can be done, so you can imagine the magnitude of the task before us.' Moreover, clinics in the countryside have a history of not sterilising needles before reusing them. Nor can many hospitals afford the cost of the test used to determine the presence of antibodies to the virus in people's blood.

India: an urgent need to screen the blood supply as AIDS spreads.



In many other parts of Asia the virus is likely to be spread by means of a combination of drug addicts who share their needles and the large numbers of prostitutes in that region's cosmopolitan cities. There are estimated to be 'millions' of drug addicts in Asia. Manila, Bangkok, Pattaya, Chiang Mai and Taipei have long been known for the innumerable prostitutes selling their services. In Taipei, capital of Taiwan, for example, there are an estimated 150,000 'hospitality women'; one in six of the city's females is at least a part-time prostitute.

But it is in Africa that the AIDS epidemic finds its most virulent and life-threatening expression. Even if a maximum effort were made - both by the countries immediately concerned and by the international community - hundreds of thousands, possibly millions, of Africans would still die.

All evidence suggests that the disease is out of control and that Africa is now irrevocably set on course for a health disaster of biblical proportions. Added to existing mass killers like schistosomiasis, bilharzia, malaria and dysentery; added to malnutrition-linked diseases like kwashiorkor and marasmus; added to the poverty, war and famine that stalk from country to country and from region to region, AIDS represents an intolerable extra burden. This is particularly so because, in the insanitary conditions and depressed economic circumstances of the world's poorest continent, amongst people who are badly fed, sapped by ill-health and consequently already severely immunosuppressed, the concept of specific 'risk groups' like drug takers is absurd: the 'risk group' in sub-Saharan Africa is the entire population.

One indication of this has been that immunocompromised minority groups like drug addicts and homosexual males were not the first to succumb to the disease. The virus went directly into the general population, capitalising on the low average immune status. This is why the virus affects males and females in almost equal numbers and why, because of transmission in the wombs or at the breasts of infected mothers, there are also more young children with AIDS in Africa *pro rata* than anywhere else in the world. In 1985 some 22 per cent of all Rwandan AIDS victims were children as against a figure of just 1.4 per cent in America. Medical officials fear that in Zambia, with a population of 6 million, there will in 1987 be about 6,000 babies carrying the virus.

Figures compiled by the Panos Institute give further glimpses of Africa's grim future: of healthy women in their twenties in Kinshasa, one in five are infected, and one in 12 of pregnant women attending prenatal clinics are infected. In Uganda, one in 10 adults have the virus in their blood. In Rwanda, 12.5 per cent of the urban population are infected. In Nairobi 66 per cent of

con't on next page

female prostitutes are infected. And in Lusaka, the capital of Zambia, one in three of male blood donors aged 30 to 35 are infected by the virus.

The total number of Africans carrying the AIDS virus is now estimated by Dr Mahler, Director-General of WHO, at between five million and ten million, with the levels of infection much higher in the central parts of the continent than in the south or north. All these infected individuals are, of course, infectious themselves and capable of transmitting the virus to others.

The truth is that not a single African country has the wherewithal, either financial, medical or technical, to counteract the ravages of the virus. If the US, the richest country in the world with a well-fed and highly literate population, is finding it difficult to control the AIDS epidemic within its borders despite all its media facilities and its public-education campaign and the \$2,000 million being mobilised against the virus, what chance do Ugandans have when their country cannot even afford to buy bleach to keep the tables clean in their threadbare hospitals?

Neither is this a state of affairs to which the richer nations of the North can be said to have yet responded in a constructive or sympathetic way. However, as Dr Nathan Clumeck, head of the Belgian research team in Africa concludes, 'We have a relationship with these African countries. Unless we treat the control of this epidemic as a priority we will face an ineradicable reservoir of a lethal virus which could infect Europeans living, working and travelling in Africa for the foreseeable future'. They will also return home with the virus. And herein lies some promise. Short on altruism, the North is long on self-interest. It is now in the interest of the North to help the beleaguered continent with the resources to bring the spread of AIDS under control. □

NEW INTERNATIONALIST MARCH 1987

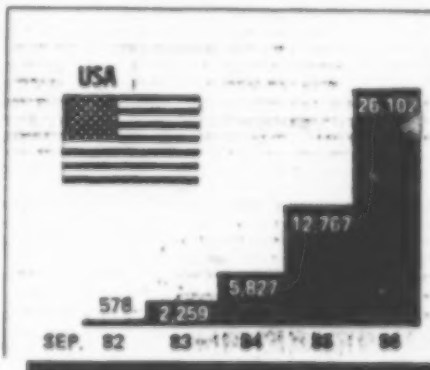
A. What are the groups that tend to be more "at risk" to the AIDS virus ?

B. Which factors contribute to the spread of AIDS in Africa ?

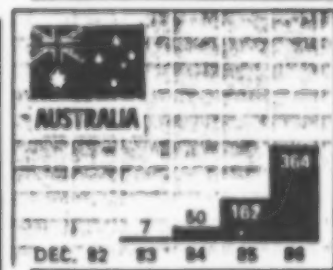
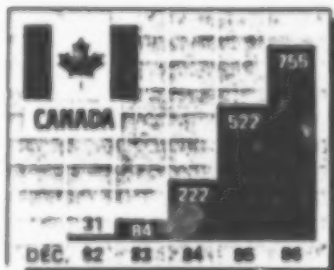
C. "The AIDS epidemic in Africa is not our concern". Discuss this statement.

GRAPH I Rate of spread of the epidemic

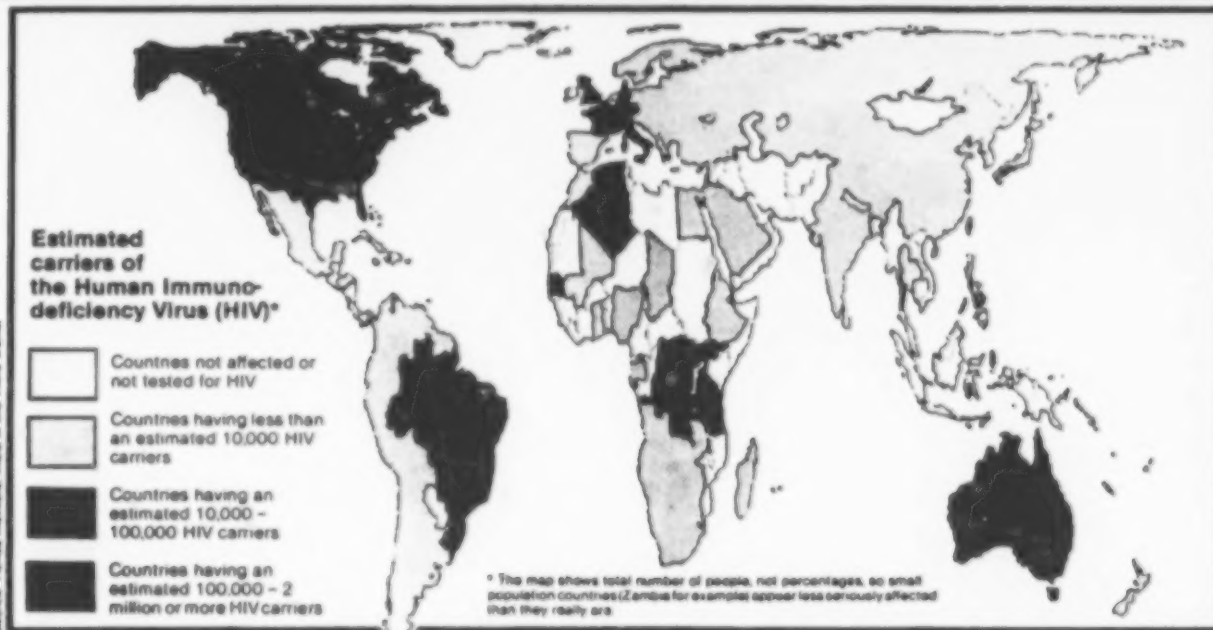
Figures are for total number of cases of full-blown AIDS by year and country



The graphs show that the rate of progression is virtually identical in every country



NEW INTERNATIONALIST MARCH 1987



How widespread is the epidemic?

Very (see map). The US had 26,102 cases of full-blown AIDS in September 1986 (76 in 1980). Canada had 638 cases (July 1986). New Zealand 19 cases (July 1986). Britain 610 cases (December 1986). Australia 313 (October 1986). Rates in Western Europe vary, being highest in France and W. Germany (respectively 806 and 675 cases in October 1986).²

The rate of spread of the epidemic in any given population is exponential and very similar from one country to another (see comparisons in Graph I). Initially the number of cases doubles every six months. After two or three years, this slows to a doubling time of 10-12 months, which then remains fairly constant. This established epidemiology means that a country with 600 cases today will have more than 500,000 cases in ten years and one

million in eleven years. And for each case of full-blown AIDS there are at least 100 symptomless but infectious carriers. America's 26,000 cases mean a carrier population of 2.6 million.³

In the Third World, misdiagnosis and inadequate recording make exact figures difficult. Africa is worst affected, with a carrier population estimated between five and ten million. In 1986, eight per cent of pregnant women attending prenatal clinics in Zaire were found to be infected. In Kigali, Rwanda, 18 per cent of blood donors were HIV-positive. In Lusaka, Zambia, 33 per cent of men aged 30 - 35 were infected.⁴

NEW INTERNATIONALIST MARCH 1987

Can AIDS slow population growth?

UNDER CERTAIN SETS of conditions, populations that are currently experiencing fast rates of growth could, eventually, start to decline as a result of the AIDS epidemic—though not for several decades. But the balance of adults in their productive years (15-64) to the young and the old—the “dependency ratio”—would remain unchanged.

This was the thrust of Prof Roy Anderson's speech at the Global Impact of AIDS conference held in London last March and organized jointly by the World Health Organization (WHO) and the London School of Hygiene and Tropical Medicine. The conference was attended by over 1,000 delegates from 63 countries.

Addressing the session on the demography of the AIDS pandemic, Anderson—from London University's Imperial College—described the model he and his colleagues have constructed in order to make some projections for the impact of AIDS on populations in developing countries, typically ones where birth and death rates are high, life expectancy is around 50 to 55 years and the annual population growth rate between 2 and 4 per cent.

Given that current epidemiological data are inadequate to make proper predictions, the scientists have incorporated a range of plausible values for the most important influences on the spread of AIDS, based on such scant information as is available, and combined these with demographic data such as population growth rate and age structure to look at possible future outcomes.

Anderson said that for populations where the prevalence in the general population of the human immunodeficiency virus (HIV)—the virus that causes AIDS—is already high, population growth could be reversed in 20 to 40 years; for populations where the level of infection is low or moderate (for example, in rural areas in some countries), it could take 40 to 70 years.

HIV has been spread through infected blood in blood transfusions (and there is also a risk if a needle or sharp instrument carrying infected blood breaks the skin of an uninfected person), and developing countries are still unable to screen all blood donated for transfusions—for technical and cost reasons. But in sub-Saharan Africa and Latin America the most important ways HIV is transmitted are through sexual contact and from infected pregnant women to their babies.

Current estimates for the proportion of babies who acquire the virus from their mothers range from 22 to 60 per cent in different areas. But in all cases AIDS seems to develop faster in infants and their mortality is high.

An important determinant of the epidemic's spread is the proportion of people with the virus who progress to AIDS. The best estimates from Europe and the United States at the moment suggest that 30-40 per cent do so within eight or nine years. It is probable, however, that over a longer period a higher proportion will develop the syndrome.

In obtaining the result that population growth could be reversed, the model assumed a doubling time of three years for new HIV infections in the general population in the early stages of the epidemic. This rate has been observed in particular groups that have been surveyed (for example, pregnant women in some African cities), but shorter periods have also been recorded. In general populations, the rate of increase is probably slower than in the “at-risk” groups often studied.

It also assumed that all people who become infected with the virus go on to develop AIDS—after an average eight years—and die from it. With various percentages of babies acquiring the virus from their mothers in addition, then AIDS would be capable of reversing population growth in time. Once the assumption that all infected with the virus develop AIDS is relaxed, then populations would move into decline only if a large percentage of babies acquired the virus and there was a long incubation period for adults during which secondary cases became infected.

Mortality due to AIDS will not lead to changes in dependency ratios, Anderson said, because deaths of young adults—the group hardest hit by AIDS—would be matched to some extent by deaths to infants born with the virus, and because the loss of people in their reproductive years would reduce the number of children born. Nevertheless, he said, this did not mean that developing countries would not feel the impact of AIDS in the next few years—the number of people dying would see to that. But the lag before the consequence of declining populations allows time to try to change the course of the disease.

PEOPLE □

Global update

The number of countries reporting the incidence of AIDS and the total number of sufferers have continued to increase. As of 11 November 1987, 64,488 AIDS cases were officially reported to the World Health Organization (WHO) from 127 countries. However total AIDS cases are estimated to be between 100,000 and 150,000.

● WHO estimates between five and ten million people may be currently infected with human immunodeficiency virus (HIV)—the virus that causes AIDS. By 1991 at least one million new cases of AIDS could develop in people already infected with HIV.

● The largest number of cases, 43,533, has been reported in the US, where the disease was first recognised in 1981.

● In the Americas, Europe and Australia, most AIDS cases occur among 20 to 49 year-old homosexual or bisexual men and intravenous drug users. However cases of AIDS acquired through heterosexual contact have increased from one per cent to four per cent of all sufferers.

● Europe, with 7,512 cases, is considered to be facing an epidemic. WHO estimates that between a half and one million Europeans are infected with the AIDS virus. Highest per capita incidences are found in Switzerland, Denmark, France and Belgium.

● Africa reports 6,298 cases. The major factors here in the transmission of HIV are heterosexual intercourse, transfusions of contaminated blood, use of unsterilised needles and mother-to-baby transmission. This last is a significant source of infection in those areas where five to ten per cent of pregnant women have been recorded as HIV positive. From *In print of fact*, No.50/1987, World Health Organization

**NEW INTERNATIONALIST
FEBRUARY 1988**

DEVELOPMENT — FORUM MAY 1988

IMMIGRANTS
AND
REFUGEES

Myths about the Rural Exodus

Imagine a mass of humanity about twice as large as the whole population of People's China crammed into some 300 big cities. If you can picture it, you have an idea of developing countries in the year 2000 when one in every three inhabitants of our planet will be living in a gigantic Third World metropolis.

Reasons: natural population growth and a massive rural exodus which is gaining momentum year after year.

The flight from villages to towns is nothing new in man's history. But never before has it happened on such a scale and so fast. Steps that have been taken to stem the rising tide have been palliatives at best mainly because they have often been formulated without an adequate knowledge of the causes and consequences of migration. Little is also known whether it is possible and desirable to control the flow. The issue is riddled with unanswered questions and, above all, with persistent myths that obscure the search for solutions.

One popular belief - that the "pull" of bright lights lures country dwellers to the cities - is all wrong. The major determinant in Third World urbanisation is the "push" exerted by the inability of available resources in rural areas to sustain the population that drives the masses from impoverished villages to urban centres.

Fears have been expressed that migration is a major cause of rising urban unemployment, overcrowded housing, and relative shortage of public amenities. Migrants unable to find adequate employment or any work at all are forced to live in squatter settlements or inner-city slums lacking even the most basic facilities. The resulting pressure on residential land and housing causes speculation and excessive rents, and generally tends to depress living standards in the urban areas. Similarly migration to the cities does not leave the rural areas unaffected: not only does it tend to draw away their more dynamic members, but it may also divert national investment resources towards the towns.

Positive effects

Recent ILO research leads to questioning such prevalent stereotype thinking which tends to dwell only on the negative aspects of rural-urban migration.

Findings by researchers A.S. Oberain and K.M. Singh show that moving to towns may yield substantial benefits to individual migrants and their families and, at the same time, have a positive impact on development.

In the cities, the influx of migrants not only increases the labour supply but also generates new employment by stimulating industrial expansion and other economic activities.

In rural areas, out-migration may lead to a reduction of the labour/land ratio and provide a new environment conducive to changing rural production techniques. All the more so, since there may be a rising demand from the cities for rural output that stimulates agriculture and rural industrialisation, thus helping to raise incomes of country dwellers.

Similarly, remittances sent home by migrants may improve the distribution of income between the rural and urban population, especially where the money is used for investment purposes.

Migrants are successful

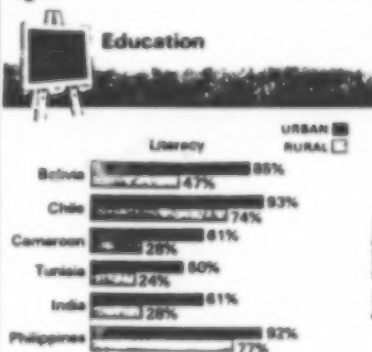
Analysis of urban data suggests that migrants do succeed in increasing their individual and household welfare as a result of migration. The period of waiting for employment seems to be about only two months. Further, although migrants are initially at a disadvantage in the urban labour market, they attain economic status comparable to that of urban natives in a remarkably brief period of time. There is no evidence that migrants are confined to marginal employment in the cities, or contribute disproportionately to urban underemployment.

Findings in general suggest that migration cannot, or even should not, be completely controlled, since it is a part of the whole process of economic growth and social advance.

As the rural-urban drift is here to stay and grow, the need is paramount to mitigate its adverse consequences in places of origin as well as destination. Steps should be taken to prevent or minimise the resulting social disparities in labour and employment opportunities, skewed urban networks, loss of skilled manpower in the countryside and problems of slums, squatters and deterioration of urban services. This can only be achieved within the framework of a national migration policy conceived as an integral component of the nation's development strategy, linked to and harmonised with measures to promote industrialisation, agricultural development and social welfare. (ILO) ■

URBAN ADVANTAGE

Health and education services are easier to provide in cities. And mortality and literacy statistics do show the areas in a favourable light.

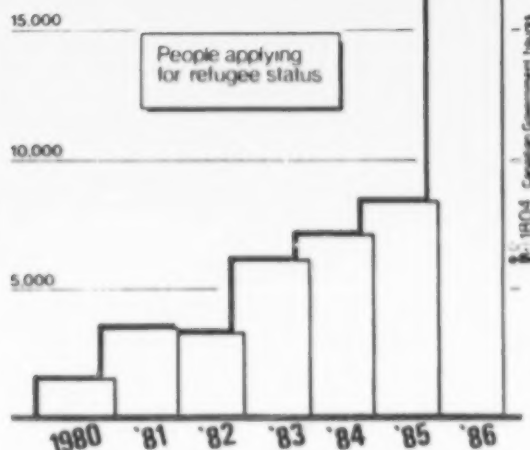


But there will be great differences between the poorer and richer parts of each city. In Lima, Peru, for example, 19% of the children overall are malnourished but this figure rises to 36% in the poorest districts.

What are some of the "urban problems" outlined in this article that are often blamed on urban migration? Why is this not necessarily true?

DEVELOPMENT & CO-OPERATION #5 1987

Canada: the growing queue



Tighter restrictions in other countries means that Canada is faced with more refugees than ever.

NEW INTERNATIONALIST AUGUST 1987

The 'Fourth World'

Ten million refugees with nowhere to go

By WILLIAM SHAWCROSS

There are at least 10 million refugees scattered around the world. They are in many senses a Fourth World, far less able to speak for themselves than is the Third World, from which the vast mass of them come and in which many of them linger.

One of their problems is that classical definitions no longer fit. Refugees are defined by the 1951 United Nations Convention as individuals fleeing well-founded fears of persecution. The question is whether they too should be accorded refugee status.

The principal international responsibility for refugees lies with the UN High Commissioner for Refugees, based in Geneva. In recent years this organization has grown considerably to meet unhappy demands. It has also become a flabby, badly run bureaucracy unable to keep pace with refugee movements. But in January a new High Commissioner, Jean Pierre Hocké, was appointed and things are changing.

Among the most pressing crises he faces is the increasing reluctance of

American and European governments to continue to grant asylum to those arriving at their ports. Now that American culture is global, it seems that half of the world would like to live in the U.S. Tamil or Filipino peasants now can watch *Dallas* or similar offerings on television in their huts so their visions of Western affluence may not be realistic but they are often alluring.

Refugees can still get to the U.S., but it is easier for those fleeing Communist countries. In 1983 there were 70,000 refugees — 59,000 from the U.S.S.R., Eastern Europe and Indochina.

In the late 19th century the U.S. detained aliens who did not have proper papers on Ellis Island, usually briefly. Those detentions were ended in 1954, when such aliens were released on parole pending the hearing of their cases. In 1958, the Supreme Court said, "This policy reflects the humane qualities of an enlightened civilization." It has now been abandoned by the Reagan administration. Instead of releasing people on parole, it locks them up.

Since May, 1980, about 1,800 Cuban boat people have been held in a

U.S. federal prison. Some, but not all, have records of crime or mental instability. They have been locked up because the U.S. believes they have no right to asylum, and Cuba will not take them back.

The U.S. Immigration and Naturalization Service has built a new detention center for refugees in Oakdale, La. This is in the middle of nowhere. There are only five attorneys in the entire county — which means that the refugees will find it hard to get legal assistance. By the end of 1986 the U.S. will have the facilities to detain up to 10,000 aliens, including asylum seekers.

Conditions of detention centers vary, but in all of them boredom, despair and hunger strikes are commonplace. There have been suicides. Processing often takes a year.

Most refugees or asylum seekers in the U.S. come from Central America, where more and more people have been displaced by conflict or political persecution. The Reagan administration has not dealt kindly with them. More than a million people have fled El Salvador and Guatemala, but in 1984 only 93 Salvadorans — 2 percent of those seek-

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This is excerpted from the weekly "Spectator" of London.

ing asylum — were admitted to the U.S. No Guatemalans were allowed.

The government argues that Hispanic asylum seekers are "economic migrants" and that poverty, political oppression and civil unrest are not legal grounds for granting asylum. As a result, a strong "sanctuary" movement has grown among American churches — especially in the South, where most Hispanics first arrive.

A similar crisis and similar restrictions have developed in Europe. Last year about 165,000 people came to Europe seeking asylum or refugee status — compared with less than 20,000 10 years earlier. The largest number, almost 74,000, came to West Germany. After that came France and Sweden. Fewer than 5,000 arrived in Britain.

These people represent less than 2 percent of the refugee problem worldwide, but they are arriving at a time of growing concern about unemployment. European governments have reacted by trying to close borders, imposing visa requirements, applying sanctions against airlines and carriers and locking up asylum seekers at ports of entry.

Two of the largest groups seeking asylum in Europe are Tamils and Iranians. Since the beginning of civil strife in Sri Lanka in 1983, more than 125,000 Tamils have fled to India and more than 50,000 have made it to Europe. Most are in West Germany.

The Tamils went there because the Soviet airline Aeroflot and East Germany's Interflug offered them cheap flights to East Berlin plus transit on the train under the Berlin Wall, so they became West Germany's responsibility.

Conditions for refugees in West Germany are deplorable. They are locked up in old hospitals and abandoned barracks. They may linger for years through an unending appeal process. Acute depression is common and suicide frequent. West German officials have made it clear that this is part of the government's policy to deter refugees and to keep Germany white.

Iranians are the other large group of asylum seekers in Europe. About 19,000 arrived in 1985, more than half in West Germany and about 1,000 in Britain. Many are young males seeking to avoid the Iran-Iraq war.

They fly to Europe in a variety of ways. Some get false visas in Syria.

Others travel through Rumania, where almost anyone seems to be able to get on any flight. Others come by way of Vienna, which has a transit lounge suitable to Austria's ambiguities: Friends visiting the airport can drop tickets and papers over a balcony to transit passengers.

Last year the Swiss government, responding to public disquiet over too many black faces in the clean white streets, forced more than 50 Zairians out of Geneva and back to Zaire. Each

"By the end of 1986
the U.S. will have
facilities to
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10,000 aliens."

of the Zairians was flown home handcuffed to a policeman. There was some Swiss opposition. The canton of Geneva tried to resist Bern's orders, and some policemen complained about the violence done to the deportees and refused to go on the handcuffed flight. As in the U.S., Swiss churches denounced the government and declared that they would become places of asylum for refugees.

The man who now has to try to alleviate these problems is Jean Pierre Hocké, a Swiss, who was previously the operations director of the International Committee of the Red Cross. Hocké believes that the UN High Commission for Refugees (UNHCR) must get involved in politics and dare to tackle the root cause of people's flight.



Frankfurter Rundschau/Frankfurt

To many officials and politicians, this is anathema. They want organizations to deliver aid to the victims and not question the causes. That has certainly been the UNHCR way until now. But Hocké insists that aid often merely assuages our consciences and does nothing to help the people at whom it is directed.

He aims to persuade European governments to act in unison with each other and with UNHCR instead of leaping to unilateral restrictions. The Europeans have begun to listen to him in a way they never listened to his predecessor. The Swiss are no longer sending refugees back, and Britain has agreed to allow about 3,000 Tamils who arrived before the end of May, 1985, to stay.

Hocké and his aides will eventually have to confront the detention policies of the Reagan administration. The Commission's internal memoranda have frequently criticized such policies as being in breach of U.S. and international law, but until now the Commission has not intervened on a high level with its principal donor.

A second urgent task for Hocké is to extend his protection to the quarter-million Cambodians who for six years have been scandalously denied anyone's protection along the Thai-Cambodian border. He has good relations with Thailand and Vietnam, so he has a chance to succeed. No one else has tried, because for all the governments concerned the refugees are a politically and militarily convenient buffer.

European countries want the Commission to insist upon "regional solutions," which were the norm before the mass settlement of Indochinese in the West. They argue that Kurds and Iranians should be assimilated in the Middle East and Tamils in the subcontinent — just as most Africans are given refuge in Africa. But the question remains: What if no one in the region will do it?

It is worth remembering the contribution that refugees have made to most societies, and that the idea of international protection for them grew out of Europe. After World War I, Fridtjof Nansen, the arctic explorer, was given the task of rescuing refugees from Russia. He coined the slogan, "To love one's neighbor is Realpolitik." Now Europeans have to decide how far the neighborhood stretches. (July 12) □

WORLD PRESS REVIEW SEPTEMBER 1986

Widows of migration

For 12 years Mopota Maseuroane has lived alone with her three young children in a village a few kilometres outside Maseru, the capital of Lesotho.

Every day she cooks, cleans the house and then, when her 'woman's chores' are finished, she starts the 'man's work'.

Mopota, like thousands of Basutho women, is a grass widow. Her husband works hundreds of kilometres away in the South African goldmines and she has become sole head of her family.

For 12 years she has seen him once a year, when he comes home on leave. She never knows when he might arrive, but she always knows when he will go again.

'I feel very much alone. I dream that one day my husband will find a job in Lesotho so that he can help me bring up the children, share my fears and worries about them and do all the heavy jobs.'

One of the poorest countries in the world, Lesotho has a population of 1.5 million people. A high infant mortality rate coupled with a short life-expectancy keeps its population almost stagnant.

Of this number there are nearly 130,000 men who work away in South African mines. This figure excludes migrant workers who leave to work in factories or offices.

Consequently a large percentage of the country's women are in the same boat as Mopota. The main source of strength for such women is often the support they give and receive from each other. In Mopota's village, for example, they hold regular village meetings. These meetings were particularly important during the violent strike period of 1987 when there was no way of knowing whether your husband was alive until he came home on leave - or didn't.

Mopota shows her children pictures of their father and regales them with stories about him in an effort to keep his memory alive for them.

The loneliness - and the fear of infidelity - are, she says, one of the most painful emotional side-effects of her husband's absence. But there are other problems. Traditionally, a black woman in rural Lesotho defers absolutely to her husband's wishes. She may even see him only once a year, but this still holds true.

So even though she may be keeping goats and cattle (as well as a family) in a remote, virtually inaccessible mountain region she will have to consult him before making important decisions. If one of her children falls ill and needs urgent medical treatment the mother has to get permission from her husband before she sells a cow to raise money. As most of these remote communities are either semi-literate or illiterate this can mean waiting until he next comes home on annual leave.

Often the wife will not even know where her husband is. South Africa itself seems very far away. She seldom knows which mine he is working in or even what town.

One woman did not realize that her husband had died in a car crash on his way back to Johannesburg after his annual leave until she heard the news two years later by way of an erratic social grapevine.

Over 40 per cent of such 'grass widows' see no money from their husbands. This is often because the women are living too far away from towns for the men to bother to send money home. To collect the money the women would have to travel to the capital which often involves a journey of several hours by car - and is virtually impossible on foot.

The 'widow's' poverty is compounded by the number of mouths she has to feed. Rigid social codes governing fertility only make matters worse. A husband will come under great pressure from his parents and in-laws to impregnate his wife every time he comes home. This means that the woman has the double burden of having no control over her own fertility but at the same time enjoying none of the advantages of having her man at home to help feed and bring up the children she is expected to bear. In some cases a man will even refuse to travel back to work until he is sure his wife is pregnant.

'This tradition,' says Lesotho community worker Puseletso Salse, 'is one of making as sure as possible a wife remains faithful. She will be too busy with the children, too tired with the pregnancy, too unattractive to other men.'

IMMIGRATION

Open for Business

If you make cabinets, correct speech defects, fix refrigerators or stamp sheet-metal panels, New Zealand wants you. Those are among the occupations preferred for immigration and gazetted in a list updated every six months as Wellington analyses employment demand. The country is one of the world's least densely settled — it is 90% of the size of the Philippines, but has only 6% of its population. But one occupation will stay on that list come what may: businessman. A ten-month-old government campaign to boost investment and exports is coaxing moneyed entrepreneurs — many from booming



New Zealand shoppers: Soon, more Asians

Asia — to move in and set up shop.

"We want people with good ideas — and capital to get them going," says Gordon Shroff, assistant labour secretary for immigration. Begun last August, the business migration policy recently has been vigorously pushed in the region through seminars conducted by commission staff and consultants. In Hongkong a talk by management advisers Coopers & Lybrand generated 450 enquiries in 2½ weeks. Entrepreneur Jimmy Lee, who emigrated from Malaysia, is now consultant with Auckland-based Investico. In May he was to lead a seminar mission to Kuala Lumpur, where 23 business immigrants have originated since the campaign began

(others: London 9, Ottawa 6, Hongkong 5, Suva 4, Seoul 1). Trade attachés now have authority to approve business migration.

Asian businessmen, especially Hongkong and overseas Chinese, are noticing the program. In six months it has attracted around 50 migrations, against 225 in an eight-year earlier scheme focused mainly on Western countries. But officials stress they don't take just anybody. "We look at people, not so much business proposals," explains Shroff. "Applicants need to have a track record of business skills and NZ\$150,000 [about \$90,000] to meet initial housing, living and start-up costs — plus money to invest." Export enterprises are preferred, while getting a visa as a "bolt-hole" — from Hongkong mostly — is discouraged. Upon grant of residence, migrants must relocate within a year. They then get re-entry permits valid for four years, at the end of which the government assesses their business activities and contribution.

Kayaks, venison, Maori-design carpets, goldfish and guns are among the ventures applicants have proposed. There is a \$470,000 duck-egg project, a \$300,000 scheme to recycle meal leftovers into pet food, a \$650,000 student hostel proposal, and a \$265,000 plan to shoot travel videos. The region's businessmen have also proposed Asian-style restaurants, high-technology engineering and tourist developments. New Zealand entrepreneurs are hunting for joint-venture partners among immigrant businessmen. With the present flood of applications, the Trade & Industry Department has stopped publishing local business opportunities, leaving it to immigration consultants.

Though the campaign is making waves in Asia, Elizabeth King, director of the trade department's Investment Unit, insists "it was a policy decision to feel our way and not adopt a high profile." One reason could be the huge influx generated by a recently discontinued move to allow travellers from Fiji, Western Samoa and Tonga to stay for three months at a time without visas.

"Some visitors were irresponsible," says Pacific Islands Affairs Minister Richard Prebble, presumably referring to overstayers. Only Australians can stay indefinitely visa-free.

Swamped with applicants who have to be interviewed and evaluated, New Zealand's trade commissioner in Hongkong, Greg Hedges, says his office would entertain only papers processed by recognised consultants. Kuala Lumpur counterpart Ross Graham is also considering such a move. Application requirements include a biographical sketch, job history, business and credit references, reason for emigrating — and money.

Canadian clampdown

Refusing refugees

CANADA, historically among countries sympathetic to refugee claims, has joined the growing list of industrial countries cracking down. Most of those requesting a haven from wars and dictatorships around the globe are from the Third World, but sudden increases in arrivals from Portugal and Turkey have aroused public suspicion.

Authorities estimate there are up to 100 million people around the world seeking protection and employment, of whom perhaps one quarter may be escaping oppression or danger. But there is no proper tally of their movement.

Within the past year tighter border controls and stricter entry criteria have been applied even by such traditionally hospitable countries as Denmark, France and Holland, which are admitting far fewer refugees than before. Canada accepted much of the spillover as restrictions tightened elsewhere. Refugee claims increased last year to 18,282 from 8,400 in 1985 and 1,800 in 1980. The pace quickened further in the first six weeks of 1987 until more than 1,000 asylum seekers were arriving each week, the majority Salvadorans and Guatemalans coming from the US.

Under a new US immigration law, several million Latin American — perhaps as many as five million — face deportation unless they can prove they have lived continuously in the US since 1981. Those who arrived after that date are barred from working, and employers face stiff penalties for hiring them.

Passage of the new law in November increased the number arriving at the Canadian border. Authorities responded by assigning interview dates and sending the dejected refugees back to the US. At the same time, the Canadians rescinded an earlier ruling which gave automatic protection to citizens of 18 states considered to be war zones or dictatorships. This means that applicants from El Salvador, Guatemala, Sri Lanka and Iran, as well as the Eastern European countries, will have to satisfy Canadian immigration that their fears of persecution at home are well-founded. The Government has promised to interpret the new rules liberally, but critics fear that many genuine refugees will be unable to convince officials and will be sent back.

Maxwell Broom/Gemini

With tighter restrictions and higher economic standards, Western countries are allowing fewer immigrants into their borders. What impact will this have on political and economic refugees seeking a new home? What other ways could immigration policy be implemented to accommodate these people?

ASIaweek 12 JULY 1987

NEW INTERNATIONALIST AUGUST 1987

Mixed reception for new asylum law

Getting updated refugee legislation onto Canada's statute book has been a lengthy business. After six years of discussion, a new law governing the asylum procedure is due to come into force on 1 January 1989. It has already provoked a great deal of discussion, and is likely to be challenged in the courts.

Back in 1982, the Canadian Government introduced new guidelines for the official Refugee Status Advisory Committee (RSAC). They were widely applauded for their understanding approach to the problem of determining who should, and who should not, qualify for refugee status.

What could not be foreseen at that time was the increased number of people who were to apply for refugee status in Canada. The RSAC was expected to handle no more than a few hundred cases each year. But the number of asylum seekers rose from some 500 in 1977 to 7,113 in 1984, and to 25,944 in 1987. The Plaut Report, published in June 1985, found some 125,000 people awaiting a final decision on whether they might remain in Canada as refugees.

In his report, Rabbi Gunther Plaut recommended a wholesale reform of the refugee determination process. In December 1985, the House of Commons Standing Committee on Labour, Employment and Immigration endorsed Rabbi Plaut's general approach, which included universal access to the asylum procedure and a new decision-making board.

Six months later, the government announced plans to deal with the backlog and outlined its own policy for the new legislation; universal access was not included. This was followed by another significant event — the arrival off the shores of Newfoundland of 100 or so Sri Lankan Tamil asylum seekers, many of whom had already passed through western European countries. Insignificant though the numbers were, they reinforced the perception amongst policy-makers that Canada

was at the receiving end of too many "irregular movements." Proposals to restrict access were therefore tightened up.

Not until May 1987 was a draft Bill (C-55) put before the House of Commons, and only in July 1988 did the legislation pass all stages before the House and the Senate, and receive the royal assent. By then, another boat (carrying principally Sikh asylum seekers, again from Europe) had arrived. In August 1987, another Bill (C-84) was introduced, giving the government power to turn back ships, to penalize those who assisted in illegal entry, to exclude "security risks" from the asylum procedure, and to detain for 28 days those unable to prove their identity to the authorities. Under an order signed in October 1988 by Immigration Minister Barbara McDougall, the new law will come into force on 1 January 1989.

To have a full hearing before the Refugee Division of the newly-created Immigration and Refugee Board, an individual must be "eligible" and show a credible basis for his or her claim. An applicant is ineligible if already recognized as a refugee and holding a Convention travel document from another country, unless he or she shows a credible basis for fear of persecution in that country. Also ineligible are those previously rejected; serious criminals who are a danger to the public in Canada; and war criminals.

The most controversial provision is that which excludes people arriving from a safe third country. The law does not actually define or even use the term "safe third country" (which is a carry-over from an early legisla-

tive draft), but provides for the Governor in Council to prescribe certain countries as countries that comply with Article 33 of the 1951 UN Convention relating to the Status of Refugees, which prevents refugees and asylum seekers from being returned to a country where their life and liberty would be threatened. No one is sure yet which countries may be listed.

After clearing the eligibility hurdle, the claimant must show a "credible basis for the claim." The burden of proof is on the applicant, and the criterion is not defined; the decision-makers must look at the human rights record of the country of origin, and at how other cases from that country have been decided. No more than an arguable, perhaps *prima facie* case, seems to be required.

Once an inquiry has been opened, the new refugee status procedure has the following stages: first an oral hearing, leading to a decision on access to the asylum procedure, taken by an Immigration Adjudicator sitting with a member of the Refugee Division; and secondly, if access is granted, an oral hearing leading to a determination by the Refugee Division.

To have a full hearing before the Refugee Division of the newly-created Immigration and Refugee Board, an individual must be "eligible" and show a credible basis for his or her claim.

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that the Bill would achieve its stated objective of deterrence; most saw it as likely to put lives at risk.

In the event, some amendments were accepted: the provision on turning back ships from Canadian waters will expire after six months, and is subject to limiting conditions; detention is now to be reviewed every seven days; and no prosecution for assisting illegal entry is to go ahead without the personal consent of the Attorney-General.

Evidently, the new Canadian law is viewed with mixed feelings. The protracted debate, the backlog, and the polarisation which has emerged on central issues, all seem likely to erupt, sooner rather than later, in a series of court battles. The refugee lobby distrusts the administration; and the feeling is returned. Immigration Adjudicators are already under attack in the courts for the closeness of their links to the Canada Employment and Immigration Commission; some Refugee Division members will face similar challenges.

In both cases, it will be argued that, as decision-makers, they do not have that degree of independence which is required by "the principles of fundamental justice" laid down in the Canadian Charter of Rights and Freedoms. Church groups are preparing to launch their own Charter challenge to much of the new legislation, seeking a declaration of unconstitutionality.

In a recent speech, Gordon Fairweather, the first Canadian Human Rights Commissioner and Chairman of the new Immigration and Refugee Board, replied that Canada now has a system designed to be fair and humane, and also to function within a reasonable time. "The key to the fairness, integrity and effectiveness of the new system," he said, "rests on three inter-related elements: the quality of the new rules, the quality of the members, and the quality of the education and training which the new Board is undergoing. Together, they contribute to a sound basis for a fair and expeditious system, and that in itself will not only do justice to refugees, but should also deter both those who might use the refugee process to seek admission for purely economic reasons, and the unscrupulous agents who exploit them."

GUY GOODWIN-GILL

REFUGEE JUNE 1989

At both stages, negative decisions require unanimity. If a claimant fails to meet the access criteria, no appeal can be made from within Canada, and removal may follow after 72 hours. If the claimant fails before the Refugee Division, he or she may apply for leave to appeal to the Federal Court of Appeal. From the Federal Court, appeal lies to the Supreme Court of Canada, but again only with leave. The appellant may remain in Canada pending the outcome of any appeal; if successful before the Refugee Division or on appeal, he or she may apply for permanent residence.

The law specifically provides that proceedings shall be dealt with as informally and expeditiously as circumstances and fairness permit. The Refugee Division is not bound by the legal or technical rules of evidence, but may rely on what is presented and found to be credible and trustworthy in the circumstances of the case. This offers substantial possibilities for the innovative use of legal and human rights databases.

Bill C-84 has provoked a great deal of discussion and argument amongst refugee experts, voluntary organizations and church groups throughout the country. Both the House of Commons and the Senate heard many witnesses, but few were convinced

Canada

Barbara McDougall

In January of this year, a new and controversial refugee status determination procedure came into force in Canada. Barbara McDougall, Minister for Employment and Immigration talked to REFUGEES about the new law, and about Canada's role in immigration and refugee resettlement.

REFUGEES: Are you satisfied with the way the new legislation is working out?

Barbara McDougall: I am watching it daily. But first I wanted to wait three months or so, and then review it. The policy behind the law is important, but the way in which we make it work is equally so. On balance I am fairly pleased with the way things have gone, and there is evidence of some support in the broader community. Public comment has certainly been much more muted than in the weeks leading up to implementation.

REFUGEES: There seems to be a high recognition rate for applicants who pass through the screening stage to the full hearing; and at present, not many are screened out. Does this worry you in any way?

Barbara McDougall: Not at the moment. Present arrivals tend to be from countries, which if not refugee-producing as such, are at least volatile. The numbers of clearly abusive cases are down, and the statistics on recognition reflect this.

REFUGEES: When the new law was being debated, many criticized the detention provisions, and feared that detention would become the norm. Some are now being detained on arrival; will these numbers increase?

Barbara McDougall: I myself have worked as a volunteer in prisons, and I am sensitive to the civil liberties side. This is not an area that should be left alone, unchecked. Again, the procedures will have to be reviewed.

REFUGEES: You chose not to implement the so-called safe third country provisions. At present, Canada does not send back asylum seekers who have passed through certain other countries. Will this policy be maintained?

Barbara McDougall: The option remains open, but I do not doubt that we were right not to implement this aspect of the law, at least for now. I was not happy with the way in which other countries might have responded. On the other hand, the concept is a valid one, however framed. Today's refugee problem is not just Canada's, but includes other countries.

REFUGEES: Canada remains an active immigration country, and refugees are an important component in the annual intake. How do you see immigration policy developing in light of migration pressures?

Barbara McDougall: The new refugee process was essentially a response in crisis management, and that is what has dominated issues until now. Overall, we remain committed to a policy of moderate growth, and in fact we have doubled our intake since 1984.

It is remarkable, however, that there has been no discussion of immigration policy, of the big questions, since 1972. Now is the time to discuss what we should be doing in the 1990s; again, personally, I would like to see continued growth. A report expected soon from the Department of Health and Welfare may offer the vehicle for opening discussion and public consultation on the demographic issues that face us. We may be able too, to address some of the public myths, or to alleviate some of the tensions that affect relations between different groups within our society.

REFUGEES: In 1983, government-sponsored admissions totalled around 9,000; since 1985, the number has settled at 13,000. In the same period, overall immigration planning levels have climbed from 85,000 to between 150,000 and 160,000. Proportionately, the refugee component appears to have fallen considerably.

Do you expect refugee admissions to increase?

Barbara McDougall: Those figures are not the whole picture. For 1989, for example, we are anticipating some 10,000 private sponsorships, some 7,000 landings of refugees recognized under the new procedure, and between 3,000 and 6,000 admissions or landings on humanitarian grounds; that is, over 35,000 in the broad refugee and humanitarian class. Overseas admissions, of course, also depend on overseas needs, and we take into account those identified by UNHCR.

But other factors are also involved, such as the costs of settlement services. After all, in the peak periods of open immigration, there were no services at all for new arrivals. Costs are also relevant with respect to overseas processing. There is no shortage of applicants, but we are approaching maximum capacity within existing resources; any further increase will require an act of will – a quantum leap beyond what and where we are now.

REFUGEES: During last year's debates on the new law, you had to decide what to do with applicants rejected for refugee status. In some cases, you decided, quite firmly, on deportation. What are your views on removal?

Barbara McDougall: I do think that on this issue you have to take a stand, but exercising judgement. You look at the nature of the case, and you take account of the decision of the Appeal Board. But finally you are responsible to the integrity of the system, to both sides: sensitive to refugee claims, yet prepared, when the system has found an application to be without foundation, to carry that decision through.

Interview by
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